

## California Child Welfare Services



## Eleven-County Pilot Project Evaluation Report

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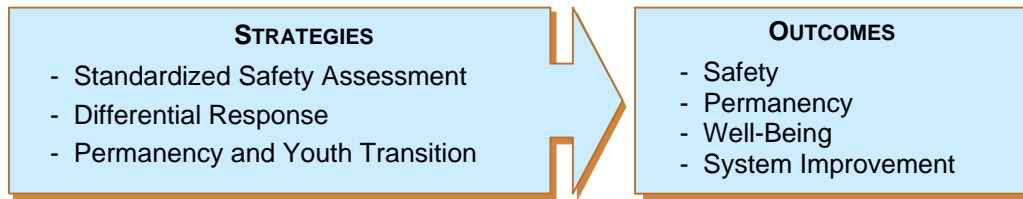
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## EXECUTIVE SUMMARY

Eleven California counties have been piloting three strategies to improve outcomes for children and families served by the child welfare system. These three strategies were selected because they had achieved positive results in other states and in some California counties. The following graphic depicts the three strategies and the outcomes they target.



These 11 pilot counties serve as “case studies” in which these promising strategies, along with other improvement efforts underway in California, are combined to fundamentally change the child welfare system. Thus, while the three pilot strategies are primary drivers, the overall results in the pilot counties are attributable to multiple factors.

These strategies were implemented over several years. Some pilot counties began implementing one or more before this pilot project, starting as early as 2000. Other strategies were not implemented in all 11 counties until 2005. Thus, for each of the outcomes assessed in this evaluation, we present data for the years 2000-2006, and where available, 2007. Note that some strategies are only being implemented in a small part of a given pilot county. Furthermore, some non-pilot counties are implementing components of the pilot strategies and report seeing positive results.<sup>1</sup> Therefore it is of particular significance that the 11 pilot counties together show greater improvement than the 47 non-pilot counties on a variety of indicators, as described below.

This evaluation utilizes both quantitative data from the CWS/CMS system and qualitative data from The Results Group’s in-depth site visits to the 11 pilot counties. Taken together, these two types of data present a compelling picture of the results achieved in these counties.

### OVERALL CONCLUSION

Quantitative and qualitative data indicate that the pilot strategies are effective in achieving permanency for children – primarily through family reunification or adoption – while maintaining their safety and well-being. Also, the Child Welfare System is being changed fundamentally, with significant improvement reported by families, child welfare services staff, and other agencies.

**Background Factors.** To understand the specific results that lead to this conclusion, it is necessary to consider what has changed statewide in California’s child welfare system between 2000 and 2007.

- The number of referrals to CWS per 1,000 children has remained virtually unchanged. Of those referrals, there have been only minor changes in the number that are substantiated in either the pilot or non-pilot counties.
- Of those referrals that were substantiated, the number of children that enter foster care has risen. This is the case in both the pilot and non-pilot counties, but only slightly in the non-pilot counties.
- Even though more children are entering care, the number of children in the foster care system has declined by 46% since 2000. However, most of this change occurred in the pilot counties, in particular Los Angeles. The total number of children in care in the pilot counties decreased from approximately 52,000 to 28,000 – thus there are approximately 24,000 fewer children in care.

## KEY FINDINGS: ACCOMPLISHMENTS

**Reunification.** The pilot counties have markedly improved the rate at which children are reunified with their families within 12 months. The rate of improvement in the non-pilot counties is far less. Since 2000, the reunification rate has increased by over 30% in the pilot counties, but less than 3% in the non-pilot counties. Focus groups indicate that this is largely attributable to the effectiveness of Team Decision-making Meetings and collaboration with other agencies to provide services that strengthen families.

*"In ten years our county will be different because of this. Fewer kids will grow up in care."*

- CWS Staff

**Adoption.** Similarly, the pilot counties have shown greater improvement in the percentage of children who are adopted within 24 months. Statewide, adoption rates have been slowly rising since 2000. However, the pilot counties have increased the percentage of adoptions by 19%, while the non-pilot counties improved by about 10%. Staff in the pilot counties attribute this to a general emphasis on permanency, as well as specific pilot-project improvements such as family-finding programs and expediting adoption by foster parents.

*"Of our most difficult cases from the 2006 cohort, half were either adopted or placed with a relative."*

- CWS Staff

**Relatives.** The number of children initially placed with relatives has increased in the pilot counties but decreased in the non-pilot counties.

The pilot counties have increased the number of children initially placed with relatives by 12%. The non-pilot counties showed a 2% decrease. Pilot county staff attribute this to family-finding programs, Team Decision-making Meetings, and other pilot strategies.

*"One youth had an uncle that he would run away to. The family told me that he lived in Trinity above a restaurant, but we had no address. I went to Trinity County and found him. They are together now."*

- CWS Staff

**Long-Term Care.** Statewide, fewer children remain in long-term foster care, but the decrease has been greater in the pilot counties. The number of children in care for more than 36 months has declined steadily. This is particularly attributable to Los Angeles. For the remaining 10 pilot counties, the number of children in long-term foster care has been relatively small since 2000, and has decreased slightly.

**Recurrence.** Recurrence of maltreatment is being prevented. Since 2000, the percentage of children who experienced no recurrence of maltreatment has improved slightly statewide, in both the pilot and non-pilot counties. Since 2004, when the pilot strategies can be expected to have had the greatest impact, the pilot counties have shown slight improvement each year.

**Entries into Foster Care.** When a referral is substantiated, it is more likely in the pilot counties that the child will enter foster care. In 2000, the percentage of substantiated referrals that resulted in an entry to foster care was virtually the same for the pilot and non-pilot counties. This changed in 2004. Since then it has increased in the pilot counties, but remained unchanged in non-pilot counties. Staff in the pilot counties indicate that those referrals that are substantiated more often involve families who have serious issues. Also, the Standardized Safety Assessment tools may be providing a clearer indication when children need to be removed from the home. In any case, the data indicate that the pilot strategies, including Differential Response, have not decreased the pilot counties' commitment to child safety.

*"Knowing that the children probably won't cycle back through the system is encouraging and rewarding. This is really how we will make our community strong."*

- CWS Staff

**Re-entry.** After children are reunified with their families, the likelihood that they will re-enter foster care has increased slightly. As noted above, the pilot counties have significantly increased the percentage of children that are reunified with their families within 12 months. Across the country, when this is accomplished there is almost always an increase in the number of children who re-enter foster care. In the pilot counties, the number of children who were reunified within 12 months has increased dramatically – by 30% between 2000 and 2005. This represents more than 2,000 children. However, the number of children who re-entered foster care increased only very slightly – an increase of less than 1.5%, for a total of 92 children. Thus, more than 1,900 children who would otherwise have stayed in the system found permanency and safety. Together, these two measures indicate that the pilot counties have maintained child safety while reunifying children with their families at a much greater rate than the non-pilot counties.

**Least Restrictive Setting.** The pilot counties have successfully moved children out of the most restrictive placement settings, primarily into guardianship or adoption. The pilot counties have decreased the number of children in all three of the most restrictive settings (shelters, group homes, and foster family agencies) at a greater rate than the non-pilot counties. They have accomplished this in large part by increasing their rates of reunification and adoption.

**Decision-Making.** The pilot strategies support improved decision-making. The Standardized Safety Assessment approach provides a research-based structure for collecting information to support decision-making. Differential Response involves other agencies in assessing and supporting families. TDMs bring people with diverse perspectives and expertise into the decision-making process.

*“Through family finding and other pilot strategies, we have put focus on kids who were ‘languishing’ in foster care, and found lost relatives or adoptive homes.”*

- CWS Staff

*“Structured Decision Making ensures that you include all elements of safety and risk in assessment.”*

- CWS Staff

**Involvement.** Families are more involved and take greater responsibility for achieving positive outcomes. The pilot strategies offer numerous opportunities for families to influence their own case outcomes. Families are involved in making decisions about the future of the children and the family. The strengths-based approach shows families a portrait of their capabilities and potential for success, which the family and CWS can then work together to build upon. Families also feel more empowered to take charge of their lives and undertake the hard work of self-improvement.

**Collaboration.** CWS has shifted to a more collaborative, rather than enforcement, approach to working with families and community organizations. The pilot strategies change the role of CWS staff from enforcer to family supporter and community collaborator. Workers assess a family’s strengths, then develop a plan to build on these strengths to improve family functioning. As CWS increasingly brings families into the decision-making process, and works more with community-based organizations and other government agencies that support families, collaborative relationships are developed with the families and the community.

*“I’ve had some families say, ‘I want a Team Decision-making Meeting right now to work this out.’ It’s nice to hear that they want one and are taking ownership.”*

- CWS Staff

*“There’s an open line of communication that didn’t happen before.”*

- Community Service Provider

**Community Perception.** CWS’ reputation in the community has improved and residents appear to be more willing to contact and work with CWS. Community members, local agencies, and CWS staff report that word is spreading in the community about the positive shifts noted above. Child welfare workers indicate that they are better received and sometimes warmly welcomed –many community members no longer perceive that a referral will result in the children being “automatically taken away.” In some instances, after witnessing improvement in families served by CWS, at-risk families have inquired about how they can self-refer to receive services.

*“It is changing the community’s perception that we’re ‘baby snatchers’ – instead they see we’re here to help people do the best parenting they can. This has happened in 1½ years.”*

- CWS Staff



## KEY FINDINGS: CHALLENGES

While the 11 pilot counties have achieved noteworthy success, any fundamental system change carries inherent challenges. The following are issues noted by CWS staff, their community partners, parents, foster parents, and the consultants during site visits to the pilot counties.

**CWS caseloads are shifting to families with greater needs and more difficulty achieving success.** As a result of the pilot strategies and other efforts in California, many of the families in the CWS system who are readily able to respond to services and reunify have done so. Many of the children who can be placed with relatives or adopted have been. Thus, over time it can be expected that the families remaining in the system will have greater needs. This can be exacerbated by societal factors, such as increasing rates of substance abuse, that are known to increase family problems.

**The pilot strategies require CWS staff to spend more time working with families, especially those with greater needs.** The additional work of the pilot strategies takes time: to assess a family thoroughly, conduct team meetings involving multiple family members and agencies, identify and recruit distant relatives, build collaborative relationships with community service providers, and so forth. This is particularly true when working with families with greater needs. To achieve success, the pilot strategies require that CWS staff and community partners spend the necessary time and resources working with the youth and families they serve.

*"The families we work with now have deeper, more challenging problems. We've moved the simpler cases out, or didn't bring them into the system in the first place."*

- CWS Staff

*"Our families are ... products of a society where drugs, gang violence, and economic hardship come together."*

- CWS Staff

*"It was a little more work up front, but then it pays off because maintaining the family and getting the child back home and out of the system is easier."*

- CWS Staff

*"Prevention services are the hardest to fund."*

- CWS Staff

**The pilot strategies require additional resources at the outset. However, some are likely to increase both the efficiency and effectiveness of the child welfare system over time.** Additional activities such as completing Standardized Safety Assessments, conducting Team Decision-making Meetings, and coordinating services with community organizations can require additional resources. Also, Differential Response requires provision of services to families who do not enter the child welfare system, and additional support services for families who do. However, over time the pilot strategies have the potential to change the child welfare services system to be more efficient and cost-effective, as well as increasing its ability to meet families' needs.

**Current funding structures often do not fit well with the pilot strategies, or with the needs of today's families.** Funding streams such as Title IV-E are tied to the removal and maintenance of children in out-of-home care. This creates an enormous challenge for counties in implementing, developing, and sustaining Differential Response and other programs that incorporate prevention and early-intervention approaches.

**Mobilizing community services for families can be challenging.** The pilot strategies require that county CWS staff work with community service providers to serve families. This requires developing common systems and overcoming logistical and bureaucratic barriers. Furthermore, some counties do not have adequate services available in the community.

**Some strategies will require further refinement and adaptation of existing systems.** The Standardized Safety Assessment tools will continue to be refined, and will require technology enhancements to eliminate duplication of effort. Differential Response will require continued evolution of procedures for referring families to community agencies, monitoring progress, and assessing outcomes.

*"We're short on bilingual therapists. We're short on bilingual everything. We need shelters, real drug and alcohol counseling."*

- CWS Staff

## THE PILOT PROJECT: HISTORICAL CONTEXT

The development of the California CWS Eleven-County Pilot Project, and the CWS Redesign which gave birth to it, is best understood in the context of a larger political, historical and societal framework. (See Appendix C for a brief chronology of key events in the history of child welfare services).

### EVOLUTION OF THE FOCUS OF CHILD WELFARE

The approach to child welfare has evolved over time. While initial efforts focused almost exclusively on child safety, through the decades the child welfare system has increasingly attempted to balance the tension between three objectives: child safety, permanency, and well-being. Social workers who investigate referrals of suspected child abuse and neglect are often confronted with a dilemma involving safety and permanency: whether to remove a child from the home to achieve the objective of safety, or keep the family together to achieve the objective of permanency. They face the same dilemma in deciding when to reunify children in foster care with their birth parents.

Early child welfare efforts were primarily aimed at safety – protecting children from neglect – with little consideration for keeping families together or reunifying them. The Children's Aid Society, formed in 1853, removed neglected, abandoned, and homeless children from the streets of New York and shipped them by train out west to families in rural communities.<sup>2</sup> The Orphan Train movement, as it became known, resulted in what may be considered the first identifiable foster care system in this country. Early protection efforts focused on children being “placed out,” severing all ties to their families and communities. Rarely was any effort made to reunify children with their family of origin. The result was a rapid increase in the number of children in out-of-home placement.<sup>3</sup>

In the 1870s, the Society for the Prevention of Cruelty to Children was formed and the first laws relating to child abuse and neglect were enacted. A new approach to out-of-home care followed, supported by the first White House Conference on Children in 1909. Increased emphasis was placed on preventative services and family restoration. Nonetheless, studies in the mid-1900s, most notably Mass and Engler's study *Children in Need of Parents*, concluded that far too many children were languishing in foster care, drifting from home to home without ever establishing permanency.

The publication of the *Battered Child Syndrome* by C. Henry Kempe in 1962 brought child abuse and neglect to the attention of the American public.<sup>4,5</sup> In 1974, Congress acknowledged this as a significant social problem with the enactment of the Child Abuse Prevention and Treatment Act (CAPTA).<sup>6</sup> This law initiated the collection of national statistics, provided funding for demonstration projects and research, and offered funding to the states for prevention and treatment of child abuse and neglect. CAPTA funding was contingent upon the establishment of mandated reporting laws in the states.

The increased public attention, coupled with mandated reporting laws, contributed to a growing number of children in out-of-home care in the United States. By the late 1970s, there were over one-half million children in the foster care system. Many of them aged out of foster care without ever achieving permanency. Studies have found that outcomes for children emancipating from CWS are often bleak: poor academic performance, high unemployment, homelessness, welfare dependency, and disproportionate rates of mental health issues and incarceration. Foster care, which had previously been viewed as the solution to child abuse and neglect, became viewed as a part of the problem.<sup>7,8,9</sup>

In response, the family preservation and permanency planning movement was launched, leading to the enactment of the 1980 Adoption Assistance and Child Welfare Act.<sup>10</sup> The Act required states to make reasonable efforts to prevent children from entering foster care, to return children in foster care to their families whenever possible, and to find another permanent home for them in cases where reunification was not possible. CWS focused on family preservation and permanency planning, which resulted in a drop in foster care caseloads in the early 1980s. However, after a few years, the trend of declining

numbers of children in care reversed. This was driven largely by the rise in illicit drug use (especially methamphetamine and crack cocaine), recession-related high unemployment rates, and poverty. Public attention was again drawn to the child welfare system. The nation heard horrific stories of children in foster care being severely neglected, sexually and physically abused, and sometimes even murdered.<sup>11</sup> In 1997, Congress passed the Adoption and Safe Families Act (ASFA), reauthorizing and increasing funding for family preservation and support. It also proclaimed that a child's health and safety must be paramount in any efforts made by the state to preserve or reunify the child's family.<sup>12,13</sup> ASFA included provisions to develop outcome-based evaluation measures of CWS systems, which were finalized in 2000. At that time the Children's Bureau of the U.S. Department of Health and Human Services began conducting Child and Family Services Reviews in each state. California's child welfare system was reviewed in 2002, and a two-year program improvement plan was implemented in June 2003.

## THE CURRENT SITUATION: COMPLEX PROBLEMS, HIGH NEED FOR SERVICES

Societal factors continue to drive referrals to CWS, including substance abuse, poverty, homelessness, mental health, and domestic violence. The majority of children are referred to CWS for reasons related to neglect – reasons that might have been mitigated by provision of basic needs, rehabilitation and treatment programs, and family support services. Thus, the societal problems driving child abuse and neglect are increasingly being recognized as systemic social issues that require thoughtful and consistent solutions involving multiple agencies and children and families themselves.<sup>14,15</sup> The CWS system alone cannot address the monumental and growing problem of child abuse and neglect in this country.

California has not been exempt from these trends. It has the nation's largest CWS system, with approximately 20% of the national caseload.<sup>16</sup> It is also one of the most complex. The State of California sets policy and provides oversight, while the 58 counties administer the CWS program. Recognizing the trends affecting CWS, California has made significant progress within the last decade to improve its child welfare system. It has been moving from reliance on foster care to supporting children and families, and attempting to remove barriers to permanency when children cannot return home. One example of that progress is the Kinship-Guardian Assistance Payment (Kin-GAP) program implemented in 2000. Kin-GAP has allowed relatives to provide permanent homes for thousands of children in the foster care system by allowing those relatives to receive a subsidy to serve as legal guardians.

## THE ORIGIN OF THE PILOT PROJECT

In the early 2000's, various child welfare initiatives were being developed and implemented at the national, state, and local level. In 2000, California established a Child Welfare Stakeholders Group, comprised of more than 100 members, to examine the state's child welfare system and make recommendations for improvement. The culmination of that effort was a comprehensive strategic plan to improve child welfare outcomes, known as the Child Welfare System Redesign.

In 2001, the California Legislature enacted the Child Welfare System Outcomes and Accountability Act (AB 636) to improve outcomes for children in the child welfare system, while holding county and state agencies accountable for the outcomes achieved. The state accountability system incorporated outcome measures adopted by the federal government and expanded on them. Called the California CWS Outcomes and Accountability System, it is designed to assess performance and support improvement in California's child welfare system in the following four areas:

### Safety

- Fewer children are abused and/or neglected.
- Fewer children enter foster care.
- Fewer children are re-abused and/or neglected when they remain in the home after a child abuse report investigation occurs.
- Fewer children are abused and/or neglected while in foster care.
- More children receive timely visits from their social worker.



### Permanency and Stability

- Fewer children re-enter foster care.
- Fewer children move from one foster care provider to another.
- Children are reunified with their parents or caretakers more quickly.
- Children who are freed for adoption enter permanent homes more quickly.

### Family Relationships and Community Connections

- More children are placed with some or all of their siblings.
- A higher percentage of children in care are placed in the least restrictive care setting possible.

### Well-Being

- Youth exiting foster care are more self-sufficient.
- Foster children receive more health and mental health services/support.
- Foster children are making more educational progress and increasing school attendance.<sup>17</sup>

## **The Pilot Strategies**

In 2003, the California Department of Social Services launched the Eleven-County Pilot Project. The pilot was developed based on the recommended system improvements set forth by the CWS Redesign and focused on three strategies targeting outcomes in the California CWS Outcomes and Accountability System. The three strategies are as follows.

### **THE THREE PILOT STRATEGIES**

Standardized Safety Assessment  
Differential Response  
Permanency and Youth Transition

These strategies, which are described in detail in the next section, were drawn from research-based practices such as Family to Family and alternative response programs that had been implemented in other states and, in some cases, various counties in California. Research showed these approaches to be likely to achieve positive improvement in safety, permanency and well-being outcomes. Studies conducted at that time and since have shown promising results. For example:

- According to the *National Study on Differential Response in Child Welfare* conducted by the American Humane Association and Child Welfare League of America, families receiving alternative response services were more likely to be receptive to, and engaged in, services. Recidivism rates were lower, families had fewer subsequent allegations of child abuse and neglect, and when subsequent reports were made they were of less severity. These families also had significantly fewer children subsequently removed and placed in foster care.<sup>18</sup>
- Similarly, according to the *What Works Policy Brief: Differential Response Findings*, an alternative response system in Minnesota achieved success in both safety outcomes and in strengthening families. Social workers viewed it as a more effective way of approaching families, and families, appreciated both how they were treated and being involved in the decision-making process.<sup>19</sup>
- Family to Family's Team Decision-making Meetings, an approach developed as part of the Annie E. Casey Foundation's Family to Family initiative, were implemented in Alaska with positive results. When these meetings involved a full network of supportive adults, 70 percent of the children were able to stay at home with their birth family or a relative. These children would have been placed in foster care if the Family to Family strategies had not been implemented.<sup>20</sup>

- The results of another approach similar to Team Decision-making Meetings were documented in *Promising Results, Potential New Directions: International Family Group Decision Making Research and Evaluation*. This study showed positive outcomes when families were involved in the child welfare process, particularly in meetings regarding decisions about their children. Outcomes included reductions in re-abuse rates, a higher percentage of out-of-home placements with extended family members, more stable placements, high recurrence of timely reunification, and lower recurrence of both abuse and re-entry to care.<sup>21</sup>
- Family finding is another approach that showed promise. For example, in Alameda County, California, a pilot project evaluation documented the effectiveness of family finding efforts for children who had been in long-term group home care. According to the *Group Home StepUp Project: Moving Up and Out of Congregate Care Final Report*, at the end of the six-month pilot project more than half of the 72 youth involved in the project were placed with family or were slated for placement with family within 3 months. Many of these were the result of social workers discovering relatives, including fathers listed as “whereabouts unknown” in the case records, or “fictive” kin, defined as “individuals that are unrelated by either birth or marriage who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship.”<sup>22</sup> Twelve of the youth intentionally remained in congregate care with the decision that completion of the treatment program was necessary, but family had been located and were actively involved in the treatment program.<sup>23</sup>
- Structured Decision Making, one of two approaches used to implement Standardized Safety Assessment in the pilot counties, demonstrated positive benefits according to a recent report titled *Early Impacts of Structured Decision Making on Child Protective Services in Virginia*. Locations within Virginia that used Structured Decision Making were significantly more likely to screen out referrals, identify safety-related issues in the household, and develop safety plans as a result of identifying these issues. Furthermore, children in these localities were significantly less likely to have a repeat valid referral, and were no more or less likely to experience repeat maltreatment.

### **The Pilot Counties**

The 11 pilot counties were set up as “laboratories for child welfare practice” to develop, implement and test the three pilot strategies, and to evaluate outcomes related to safety, permanency and well-being. The following chart lists the 11 pilot counties and their total populations. A map of California showing the pilot counties is provided in Appendix B.

County	Population <sup>24</sup>
Los Angeles	9,519,000
Sacramento	1,223,000
Contra Costa	949,000
San Mateo	707,000
Stanislaus	447,000
Placer	248,000
San Luis Obispo	247,000
Humboldt	127,000
Tehama	56,000
Glenn	26,000
Trinity	13,000

## DESCRIPTION OF THE THREE STRATEGIES

### 1. STANDARDIZED SAFETY ASSESSMENT

The California Safety Assessment Workgroup, consisting of state and county representatives, developed guidelines for establishing a Standardized Safety Assessment approach. The goal was to ensure:

- a consistent approach to practice in the assessment process;
- a standardized set of criteria for child safety decision-making;
- an assessment of safety, risk, protective capacity and family needs with each family that enters the CWS system;
- a level of fairness and equity is embedded in the criteria used for decision-making related to children and families, in order to reduce disproportionality; and
- safety considerations are addressed at key decision points throughout the life of a case so that children are safe at all times.

Two sets of tools were approved for use within Standardized Safety Assessment: Structured Decision Making and the Comprehensive Assessment Tool. Based on research and experience in actual practice, both support the social worker in assessing the likelihood of future maltreatment.

Structured Decision Making is comprised of several assessment tools:

- Screen In/Intake Tool
- Response Priority
- Safety Assessment
- Family Risk Assessment
- Family Strengths and Needs Assessment
- Risk Reassessment
- Reunification Reassessment

Seven of the pilot counties utilize Structured Decision Making. Its use began as a pilot in seven California counties in 1988, and expanded to an additional eight counties the following year. By June 30, 2007 Structured Decision Making had been adopted by 45 counties. In 2005, the Structured Decision Making tools were modified to meet the requirements of the Standardized Safety Assessment approach.

The Comprehensive Assessment Tool consists of several assessment tools:

- Response Determination
- Emergency Response
- Placement Assessment
- Continuing Services
- Case Closure

Four of the 11 pilot counties utilize the Comprehensive Assessment Tool, which they implemented by June 30, 2005. It has also been adopted by nine others, and thus is in use in 13 California counties.

### **Statewide Implementation**

By June 2005, the pilot counties had implemented one of the two sets of tools, although several had implemented Structured Decision Making years earlier. By June 2007, the remaining few non-pilot counties implemented one of the two with funding provided by the Legislature for that purpose. Thus, all 58 counties have now implemented the Standardized Safety Assessment approach.

## **The Seven Key Decision Points**

The Standardized Safety Assessment tools guide workers to address critical safety factors from the initial hotline referral to case closure. The following table depicts seven key decision points during the life of a case and the desired outcomes of each.

DECISION POINT	DESIRED OUTCOME
Child Abuse Hot Line Report	Determine the appropriate response to an abuse/neglect report
Initial Safety Determination	Ensure child safety
Placement	Meet the child's needs in the least restrictive, safe setting
Referral Disposition	Determine the appropriate level of service
Case Planning	The child is in a safe and permanent home
Reunification	The child is in a safe and permanent home
Case Closure	The child is in a safe and permanent home

## **The 37 Review Areas**

The guidelines also establish 37 standard areas for review throughout the case, each linked to the Seven Key Decision Points (between 10 and 19 of the review areas correlate to each of the decisions points). Examples of standard review areas include: current and prior maltreatment, cultural and language considerations, domestic violence, drug or alcohol abuse, child's permanency needs, caregivers' protective capacity, mental health and health care needs, and sibling placement considerations.

## **How the Tools Are Used**

The following is a generic description of the Standardized Safety Assessment process, recognizing that specifics may differ from county to county. At the outset of a case, the county worker completes the screening tools while in conversation with the initial reporting party and directly afterwards. Other tools are completed either with supervisors, in the field during investigation, during case planning meetings, or over the course of several interviews. The tools support social workers in gathering and evaluating information, making a decision about how and when to respond, whether a placement is appropriate, and whether a case is ready for closure. The following is an example of a screening tool for physical abuse:<sup>25</sup>

- Physical Abuse** includes: bone fractures; brain damage or skull fractures; retinal hemorrhage; cerebral hemorrhage; burns or scalding; significant cuts, bruises, or welts; human bites; internal injuries; sprains or dislocations; subdural hematoma or skeletal injuries; torture wounds; tying or close confinement; poisoning or noxious substances; and death (when caregiver has access to other children in his/her custody or control)
- ☐ Non-accidental or suspicious injury to a child by a caregiver or other household member.
  - ☐ Old, healing or healed injuries, which have gone untreated and appear suspicious as reported by a medical professional.
  - ☐ Injury or physical contact suffered by a child as a result of domestic violence.
  - ☐ Munchausen's Syndrome by Proxy or suspicion of it is reported by a medical or mental health professional and the reporting professional provides written documentation supporting the allegation.

## 2. DIFFERENTIAL RESPONSE

California's Differential Response approach is founded upon the following principles:

- Identifying risk and stepping in early leads to better outcomes than waiting until abuse/neglect are already present or have progressed.
- Children are safer and families are stronger when communities work together.
- Families are more empowered when they voluntarily engage in services and supports.<sup>26</sup>

Traditionally, child welfare has intervened when suspected abuse or neglect rises to the level that it requires a CWS investigation, which can result in the child being removed from the home. However, the majority of referrals do not warrant the traditional intervention.

Differential Response creates more options for responding to families in need of help. CWS and a diverse range of service organizations work together to identify families in need and offer them services, whether or not abuse/neglect is substantiated. Thus, county workers have resources to address the needs of those families that do not rise to the level of abuse/neglect that warrant a traditional response. While most California counties have traditionally provided services to some CWS families through other county agencies and community organizations, the process of referring families to services has often been informal, and the network of services uneven at best. Not all workers were aware of the resources available in the community, or how the family could access them. By implementing Differential Response, the 11 pilot counties have created a more formal structure and a more comprehensive network to provide services to families, including some families that are not brought into the child welfare system.

The result is that more families receive help, which can stabilize them and ameliorate circumstances that are potentially harmful to children. Differential Response requires that a county's entire CWS system make a formal, significant shift to proactively responding to families. It also requires developing extensive collaborative relationships, as well as work processes and protocols, with other government agencies, community-based organizations, faith-based organizations, and other service providers.

### **Three Paths in Differential Response**

Differential Response expands the options available for CWS staff to respond to a referral. The social worker can assign the referral to one of three paths (California is the only state whose alternative response program has three paths instead of two). The assignment of the paths is only for the initial response to the referral, and does not correlate to the provision of services. The three paths are as follows:

***Path 1: Community Response.*** When child welfare agencies receive referrals that do not warrant an investigation, the county worker refers the family to outside agencies that offer appropriate services to support the family (including community-based organizations, faith-based services, or county agencies such as mental health, alcohol and drug, and public health programs). For example, a Path 1 response was assigned when a mother called the child welfare hotline in fear that her son would join a gang. Since no abuse was involved, the mother was referred to community- and faith-based organizations that provided the family a range of support, including after-school tutoring and mentoring services.

Most counties contract with Family Resource Centers and other community organizations, and refer families to other resources within the community. For example, in Los Angeles, where Differential Response is being piloted in the Compton area, workers created a "faith-based matrix" that tracks an organization's faith, neighborhood location, and menu of services provided. When a referral call is received, workers consult the matrix to determine the service provider that is the best fit for the family. As another example, particularly common in smaller counties, AmeriCorps workers have been contracted to provide Path 1 services. These workers serve as paraprofessionals who support the family in a variety of ways, often visiting families in their homes to ensure that the needed services are provided.



**Path 2: CWS and Community Joint Response.** A Path 2 response is assigned when the county worker determines that the family meets the statutory definitions of abuse/neglect, but information indicates that services would likely stabilize the family. This path focuses on engagement in services through a teamwork approach between CWS and community partners (which can include both non-profit service providers and other county agencies, such as public health or mental health). In most counties, a worker from a community-based organization, often a Family Resource Center, accompanies a CWS worker to the family's home to assess the need for services. A CWS case may or may not be opened. If community organizations provides services to the family, counties utilize a variety of approaches to share information about the case. Some use a "universal release of information" that provides relative flexibility for service providers and CWS to exchange information. Some hold regular meetings with service organizations to coordinate the process and exchange information. Additionally, many counties train community-based organizations to work with the county to provide Differential Response services, thus qualifying them for inclusion in a select group of agencies that are approved to exchange information.

**Path 3: CWS-only Response.** Path 3 is the same as a traditional CWS response. When the risk level is high, the community is not involved in the initial response, and CWS intervenes as necessary. In the pilot counties, as in some other counties, social workers are increasingly striving to link the family to support services. This may help prevent the removal of a child, as well as expedite the process of reunification if it is determined that a child needs to be removed from the home.

### **Variations in Implementation of Differential Response**

Although the pilot counties were initially the only counties funded to implement Differential Response, other counties began implementation on their own, using a variety of funding sources. While all pilot counties have been utilizing Differential Response, they have explored a range of approaches, testing which are most effective and adapting them to their county's unique population and needs. The following chart shows that most of the 11 pilot counties contract with and train community-based organizations (CBO's), and indicates how the counties target their Path 1 and Path 2 efforts.

**Differential Response Implementation in the Pilot Counties<sup>27</sup>**

County	Contracts With CBOs* to Provide Services	Provides Training/Funding to other agencies for Path 1 and/or 2	Target Area Based on		
			Age of Child	Zip Code	Other
Contra Costa	•	•	•	•	
Glenn		•		•	
Humboldt	•	•			Entire County
Los Angeles	•	•		•	Compton Area
Placer	•	•			Date referral received
Sacramento	•	•	•	•	
San Luis Obispo	•	•			Entire County
San Mateo	•	•			Entire County
Stanislaus	•	•	•	•	
Tehama	•	•			Entire County per CBO availability
Trinity		•			Entire County

\* Community-based organizations may include faith-based organizations.

### 3. PERMANENCY AND YOUTH TRANSITION

The third pilot strategy, Permanency and Youth Transition Protocols, differs from the other two:

- Structured Decisions Making and Differential Response are specific strategies that are relatively concrete and well defined. Permanency and Youth Transition is a broader arena – a range of possible tools and approaches fall within it. Thus, of the three strategies, Permanency and Youth Transition involves the greatest degree of flexibility and the most expansive opportunity for counties to combine a variety of mechanisms to achieve the desired outcomes.
- “Permanency” is both a strategy and an outcome. Because this dual use of the word can cause confusion, the two uses are described in the paragraphs below.

#### **Permanency as an Outcome**

Permanency is one of the three primary outcomes the child welfare system is attempting to achieve for children and families, which are: safety, permanency, and well-being. Within the outcome of permanency, the target objectives include:

- Maintenance of children in the home, when appropriate.
- Return to a birth parent or parents.
- Preservation of family relationships and connections, including siblings and extended relatives.
- Development of an alternate permanency plan, usually guardianship or adoption.
- Establishment of permanent or “lifelong” connections with one or more other committed adults who provide a safe, stable and secure relationship and support the youth’s physical, emotional, social, cognitive and spiritual well-being, as well as their cultural history and traditions.

#### **Permanency as a Strategy**

In order to meet these objectives, pilot counties were given a conceptual framework within which to evolve the Permanency and Youth Transition approach. The following denotes the three areas of emphasis within the framework.

##### **1. Team Decision-making Meetings**

This process is one of the core strategies of the Annie E. Casey Foundation’s Family to Family initiative. Team Decision-making Meetings (TDMs) gather input from various parties, which in addition to CWS staff may include the birth parents, the child or youth, extended family members, current and former foster families, county agencies, community-based and/or faith-based service providers, and other interested parties. A trained facilitator guides the meeting using a strength-based approach and involves all parties in the decision-making process. Depending on the county, TDMs may occur at a number of points in the life of a case (for example, when a child is being removed from the home due to safety concerns, or when a placement change is necessary).

##### **2. Family Engagement in Case Planning**

This process emphasizes family input and participation in case planning, including parents, guardians, youth and extended family. The premise is that better outcomes are possible when the youth and the family’s voices are heard – including their perception of their situation and their view of their own strengths, challenges, and service needs.

##### **3. Youth Involvement in Case Planning**

This process involves the youth at every juncture possible, especially as they near their transition to adulthood. Youth are viewed as central to the process of setting goals, identifying support systems, and establishing or maintaining life-long connections.

## **Implementation of the Framework in the Pilot Counties**

From these three areas of emphasis, the pilot counties developed and implemented an array of programs, some of which are described below. The most commonly utilized are Team Decision-making Meetings and family finding programs.

***Team Decision-making Meetings and Emancipation Conferences.*** As noted above, TDMs involve the youth, extended family, community partners, and other interested parties in the making of placement decisions. All of the pilot counties are Family to Family counties, and thus use TDMs. Fourteen non-pilot counties are also Family to Family counties, and many non-pilot counties use other similar processes such as Family Group Decision Making and Family Group Conferencing.

Emancipation conferences are similar, but occur when a youth is preparing to transition out of foster care to adulthood. The meeting addresses a variety of issues such as setting up a bank account, housing, employment, education, health coverage, and after-care services. The process is designed to support and empower the youth to set goals, identify support systems, utilize community resources, and gain independence.

***Family Finding.*** In family finding programs, social workers or other community partners use the internet and other search methods to find members of the child's family with whom permanency might potentially be established through reunification, guardianship, or adoption. Examples include aunts, uncles, or distant relatives, some of who may not have been aware of the child's circumstances until contacted by the worker. Searches may find a birth father who is listed in the case records as "whereabouts unknown," or a parent from whom the child was removed years ago and contact was lost, but who has since become able to contribute positively to the child's life.

***Adoption Services.*** Some counties collaborate with adoption service agencies that emphasize finding permanent homes for older youth. Social workers refer youth to the program and adoption agency workers seek an appropriate adoptive home.

***Youth Mentoring Programs.*** Mentoring programs match foster youth with caring adults age 21 and older. These adults commit to providing a consistent connection to the youth, engaging them in constructive activities, encouraging them to develop positive attitudes and behaviors, and generally enriching their lives. Activities may include music, the arts, sports, nature, volunteer services, and dining out. In many cases, these events are the youth's "firsts." The program provides a meaningful connection to an adult or adults who provide a positive influence in their lives.

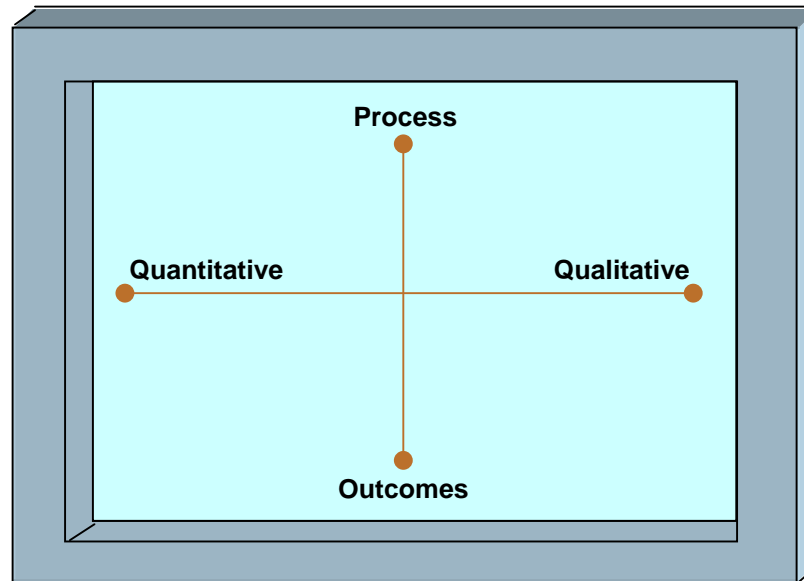
***"Parent Partners" and Other Family Mentoring Programs.*** Parent Partners support and mentor parents who are currently working to reunify with their children. These mentors are themselves parents whose children were removed from their homes and have subsequently been reunified. They are trained to support birth and foster parents. Parent Partners are often highly involved with the family from the time they enter the system, during their involvement with the system, and sometimes afterward.

***California Permanency for Youth Project.*** The California Permanency for Youth Project (CPYP) provides technical assistance to counties and community organizations to implement new practices to achieve permanency for children. The project also strives to increase awareness of the need for permanency among child welfare agencies, California legislators, judicial officers, and other stakeholders. CPYP, a project of the Public Health Institute, was initiated in 2003 with a grant from the Stuart Foundation.

***Permanency and Youth Transition Events, Publications, and Linkages.*** Examples of Permanency and Youth Transition events include youth conferences, holiday celebrations, graduation dinners, awards ceremonies, and community service activities. Publications include newsletters, articles, and reports that provide information relevant to foster youth who are transitioning to adulthood. Linkages include programs in the schools to assist foster youth with classes, inter-organizational case management services, and other types of multi-agency collaboration.

## EVALUATION PURPOSE AND METHODOLOGY

The Results Group utilized its four-dimensional evaluation methodology in conducting this evaluation. The methodology includes qualitative and quantitative analysis, as well as evaluation of both processes and outcomes. These factors are depicted in the following graphic illustration.



### Quantitative Analysis

This component consists of statistical evaluation using data obtained from CWS/CMS and available through the University of California, Berkeley. Comparisons may be made among three groups: the aggregated 58 California counties, the 11 pilot counties, and the 47 non-pilot Counties.

### Qualitative Evaluation

This component uses information gathered from document review, on-site observation, interviews, and focus groups. Multiple interviews and focus groups were conducted in each county and included social workers, supervisors, managers, support staff, community agencies, parents, and other child welfare stakeholders.

### Process Evaluation

This component reviews the process by which the strategies have been implemented, focusing on:

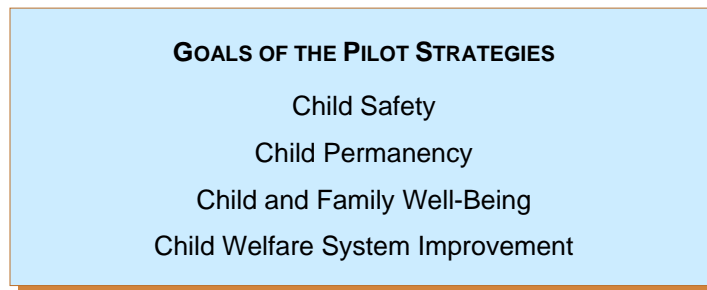
- An assessment of the programmatic changes implemented in each county (Standardized Safety Assessments, Differential Response, and Permanency and Youth Transitions).
- The accomplishments, challenges and lessons learned in the course of implementation.

### Outcome Evaluation

The evaluation of outcomes takes into consideration the pilot project goals, targeted outcomes, and established data related to each of those outcomes.

## **Pilot Project Goals**

The pilot project was undertaken, and the pilot strategies were selected, to accomplish a set of broad goals that can be summarized as follows:



## **Pilot Project Outcomes**

in 2001 the California Legislature enacted the Child Welfare System Outcomes and Accountability Act, also known as AB 636. This legislation focused on improving outcomes for children in the child welfare system. It also established an accountability system, now known as the California CWS Outcomes and Accountability System, to measure the results achieved by county and state agencies accountable for the outcomes. (For further information, see the section above titled “The Pilot Project: Historical Context.”)

The quantitative data used to assess these outcomes was drawn from the website of the University of California, Berkeley Center for Social Services Research, Child Welfare Research Center, CWS/CMS Reports. The Center’s CWS/CMS Dynamic Report System presents data for many of the indicators in the California CWS Outcomes and Accountability System. This data, while useful in monitoring progress on certain indicators, must be interpreted with caution. The evaluation team kept in mind the following considerations in conducting its outcome analysis:

- The data is inter-related. Progress on one indicator impacts the progress on another. For instance, moving siblings from separate foster homes into one home together is positive in that family connections are being preserved; however, that change is counted as a placement change for purposes of the permanency indicator “Fewer children move from one foster care provider to another.”
- In a few cases, the only data available are point-in-time statistics. This provides a single snapshot of the children who are in care on one particular day (the first day of January of each year). While useful, it must be noted that this data includes children who have just entered care, are about to exit, and have been in the CWS system for varied amounts of time. For the purposes of this evaluation, point-in-time data was used only when calendar year data was not available.

Given these considerations, and to present a more complete picture of the impact of the pilot strategies, the evaluation team has carefully considered both the quantitative and qualitative data to assess the effect of the strategies on each of the outcomes. Also, the team has focused on the most reliable data available related to each outcome, and thus statistical data is presented for the following indicators:

### **Safety**

- No Recurrence of Maltreatment
- Entries as a Percentage of Substantiations
- Re-entry Less than 12 Months Following Reunification



### Permanency

- Reunification within 12 Months
- Adoption within 24 Months
- First Entry to Care with Kin
- Number of Children in Care more than 36 Months
- Placement Stability – 8 to 12 Months in Care

### Well-Being

- Number of Children in Each of Six Placement Types
- Placement with Some or All Siblings

### **Time Period of the Data**

The time period for data presented in the following sections is from calendar year 2000 through calendar year 2006, unless otherwise indicated. There are two instances in which data from other time periods is used. The first is when 2006 data is not available, in which case a clear indication is given in the text that 2005 data is being used. The second instance is when point-in-time data is used, which presents a snapshot as of January 1, 2000 and January 1, 2007.

### **Considerations in Comparing the Pilot and Non-pilot Counties**

In comparing the results of the pilot and non-pilot counties, it is important to keep in mind that the pilot strategies were not implemented in the 11 counties exclusively as a controlled test. Thus, several factors directly affect the comparison.

*The Pilot Strategies were Implemented at Different Times in Different Counties.* The strategies were implemented in the pilot counties over several years. Some pilot counties began implementing one or more of the strategies before the formal start of this pilot project, beginning as early as 2000. Other strategies were not implemented in all 11 counties until 2005. To address this issue, this report presents data for the years 2000-2006 for each of the outcomes assessed (and where available, for 2007).

*Implementation Often was not Countywide, and was not Exclusive to the Pilot Counties.* Two factors make positive changes in the data for the pilot counties particularly noteworthy:

- In many pilot counties, some strategies are being implemented only in a limited geographic area of the county. Positive changes affect only families in that limited geographic area, and thus have a lesser impact on countywide data than would be the case if the strategies were implemented countywide.
- Some non-pilot counties are implementing components of the pilot strategies and report positive results.<sup>28</sup> As the non-pilot county data improves, the difference between the pilot and non-pilot counties diminishes.

Therefore, it is of particular significance that the 11 pilot counties together show greater improvement than the 47 non-pilot counties on a variety of indicators. Reunification rates are one example. Since 2000, the pilot counties have markedly improved the rate at which children are reunified with their families within 12 months – by 30%. However, in the non-pilot counties, the improvement rate is only 3%.

## FINDINGS PART ONE: CONTEXT

To understand the significance of the quantitative data, it is important to understand the context of the child welfare system over the past seven years and the fundamental changes that affect the meaning of the pilot county data. The following four factors are examined on a statewide basis, as well as for the pilot counties and the non-pilot counties.<sup>29</sup>

### **The number of referrals to CWS has remained virtually unchanged.**

Per 1,000 children in the statewide population, the number decreased nominally from 50.5 to 50.0 per 1,000. There was no significant difference between the pilot and non-pilot counties.

### **Of those referrals, there has been a very slight decrease in the number that are substantiated.**

Statewide, the number of substantiated referrals decreased by just over two percentage points (from 24.4 to 22.1%). In the pilot counties the number declined by 2.1 percentage points (from 23.5 to 21.4%), in the non-pilot counties by 2.5 percentage points (from 24.3 to 21.8%).

### **Of those substantiated, the number of children that enter foster care has risen slightly.**

Statewide the number of children who entered foster care rose by about three percentage points (from 34.3 to 37.4%). In the pilot counties it rose by over nine percentage points (from 33.5 to 40.2%), while the non-pilot counties increased by about one percentage point (from 34.4 to 35.3%). The reason for the higher increase in the pilot counties is not clear. However, child welfare experts suggest, and anecdotal evidence from site visits indicates, that one factor may be a preponderance of more difficult cases (as discussed above). Others point to the use of the Standardized Safety Assessment as providing clearer indication of the need to remove children from unsafe homes.

### **The number of children in the child welfare system has declined markedly.**

The following compares the number of children in the system on January 1, 2000 versus the number on January 1, 2007:

- Statewide, the number decreased from approximately 92,000 to about 63,000.
- Most of this change occurred in the pilot counties, particularly Los Angeles. In these 11 counties, the number fell from approximately 52,000 to 27,500. This is a decrease of nearly 50%. Thus, in the pilot counties **there were 24,500 fewer children** in the system.
- In the non-pilot counties, the number decreased from about 40,000 to 35,500 – about 12%. Thus, **there were 5,000 fewer children** in the system in the non-pilot counties.

These factors provide important context for understanding the changes that have occurred in the pilot counties. Most notable is the fact that the total number of children in the child welfare system has declined significantly. This is particularly noteworthy because the number of children entering the system has risen slightly. Obviously, the number of children leaving the system has increased – particularly in the pilot counties.

## FINDINGS PART TWO: OVERALL CONCLUSION

As noted above, the pilot strategies targeted four goals:

- Child Safety
- Child Permanency
- Child and Family Well-Being
- Child Welfare System Improvement

The specific findings for each of these goals are presented in the next two sections of this report. However, the evaluation team's synthesis of the cumulative results of all of these findings can be summarized in the following conclusion.

### OVERALL CONCLUSION

**Quantitative and qualitative data indicate that the pilot strategies are effective in achieving permanency for children – primarily through family reunification or adoption – while maintaining their safety and well-being.**

**Also, the Child Welfare System is being changed fundamentally, with significant improvement reported by families, CWS staff, and other agencies.**

## FINDINGS PART THREE: SAFETY, PERMANENCY, AND WELL-BEING

The findings for the first three of the pilot project goals – safety, permanency, and well-being – are presented in this section. The next section presents findings regarding the fourth outcome, child welfare system improvement.

### Format of the Charts

The data for the pilot counties is often strongly influenced by Los Angeles County. This is not surprising, given that the population in Los Angeles represents 70% of the total for all of the pilot counties. In order to show this influence, the line charts in the next section present four lines:

- The pilot counties – aggregate data for the 11 counties, represented by a solid blue line.
- The non-pilot counties – aggregate data for the other 57 counties, represented by a solid red line.
- The pilot counties not including Los Angeles, represented by a broken green line.
- Los Angeles County by itself, indicated by a broken orange line.

### Order in which the Goals are Presented

The findings regarding permanency are presented first in this section, not as an indicator of importance, but because data was available for the greatest number of indicators in this area, and the results are the most salient.

## PERMANENCY

The preferred permanency outcomes for children are reunification and adoption. It is important to note that the federal and state outcome measures specify the following time frames from the date of entry to care:

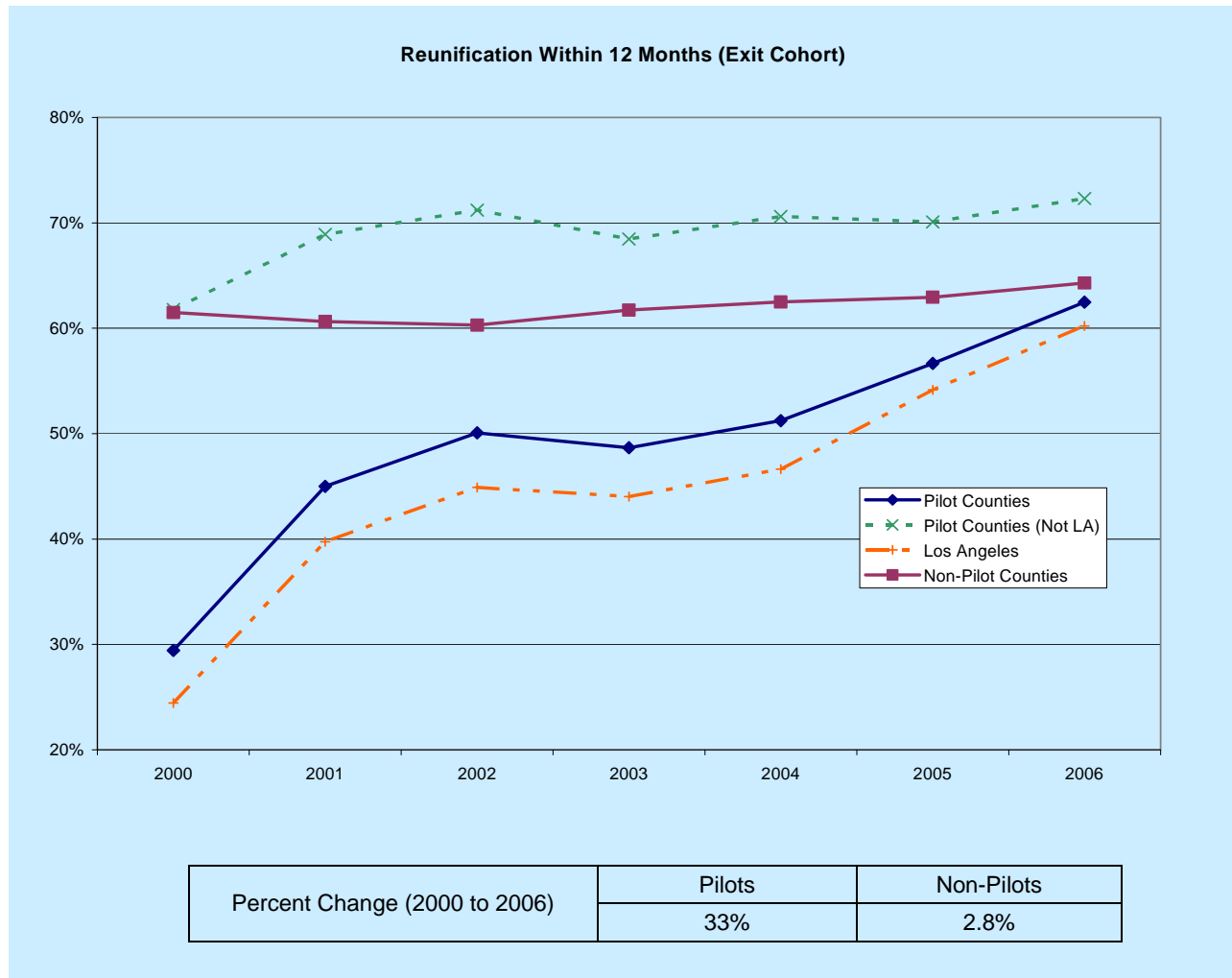
- reunification within 12 months, and
- adoption within 24 months.

However, children still reunify with their families after 12 months and are adopted after 24 months of the date they enter care. Therefore, it is necessary to examine quantitative data and qualitative findings (reports from CWS staff, community partners, families, foster parents, and so forth). Together, these two types of information create a larger frame for understanding the degree of improvement in achieving these permanency outcomes.

### **1. The pilot counties have markedly improved the rate at which children are reunified with their families within 12 months. The rate of improvement in the non-pilot counties is far less.**

- Since 2000, the rate of reunification has increased by 33% for the 11 pilot counties, but less than 3% for the non-pilot counties.
- In 2006, the pilot counties, excluding Los Angeles, reunified 72% of the children in care within 12 months of placement.
- Los Angeles County was significantly behind the other counties in 2000, but made impressive progress by 2006, improving their reunification rates by 35%. In 2006 Los Angeles reunified 6,228 children within the 12-month timeframe.<sup>30</sup>

The following chart shows that the pilot counties have shown significant improvement in reunification within 12 months. As the uppermost line shows, the 10 pilot counties excluding Los Angeles started at the same percentage as the non-pilot counties in 2000, but have improved at a greater rate. Los Angeles, represented by the broken line at the bottom, started off at a much lower point but had virtually reached parity by 2006. Note that all of the pilot counties showed marked improvement after 2003, when most of the pilot strategies could be expected to be taking effect.



Many social workers attributed this positive trend in timely reunification to an emphasis on permanency and the use of Team Decision-making Meetings. The following comment from a CWS social worker is typical of comments made during the evaluation team's site visits:

*"There was a situation where we had an identified service plan. This child would have come into full foster care and he would have become a full-on dependant. That family was preserved because of the Team Decision-making Meeting."*

Another factor often cited as contributing to increased reunification rates is the use of Parent Partners – parents who experienced the removal of their own children, successfully reunified with them, and are now supporting parents who are currently involved with the CWS system. Parents, Parent Partners, and social workers alike have all commented on the importance of the support Parent Partners lend to parents



who are trying to navigate the CWS system and reunify with their children. Due largely to their personal experience with CWS, Parent Partners are able to build a unique rapport with parents and serve as a bridge between parents and CWS. A parent in the CWS system made the following observation regarding Parent Partners:

*“They are buffers between us and the system. They can help us understand the role of the social worker and why they’re doing what they do. With their help, social workers who we don’t connect with or hate, we can grow to love.”*

One Parent Partner commented:

*“We provide a safe place for parents to vent. We’re all on the same side. There isn’t a disconnect. If parents, in their frustration, end up creating a gap with the service providers, we bring it back together.”*

Finally, the services families receive through Differential Response strengthen families and support them in reunifying. Through Differential Response, some pilot counties have increased the capacity of community organizations to serve CWS families. Social workers and families report that these services help families “turn their lives around” more quickly and with a greater likelihood of lasting success.

#### **CONCLUSION**

The pilot strategies are effective in achieving reunification in a timely manner.

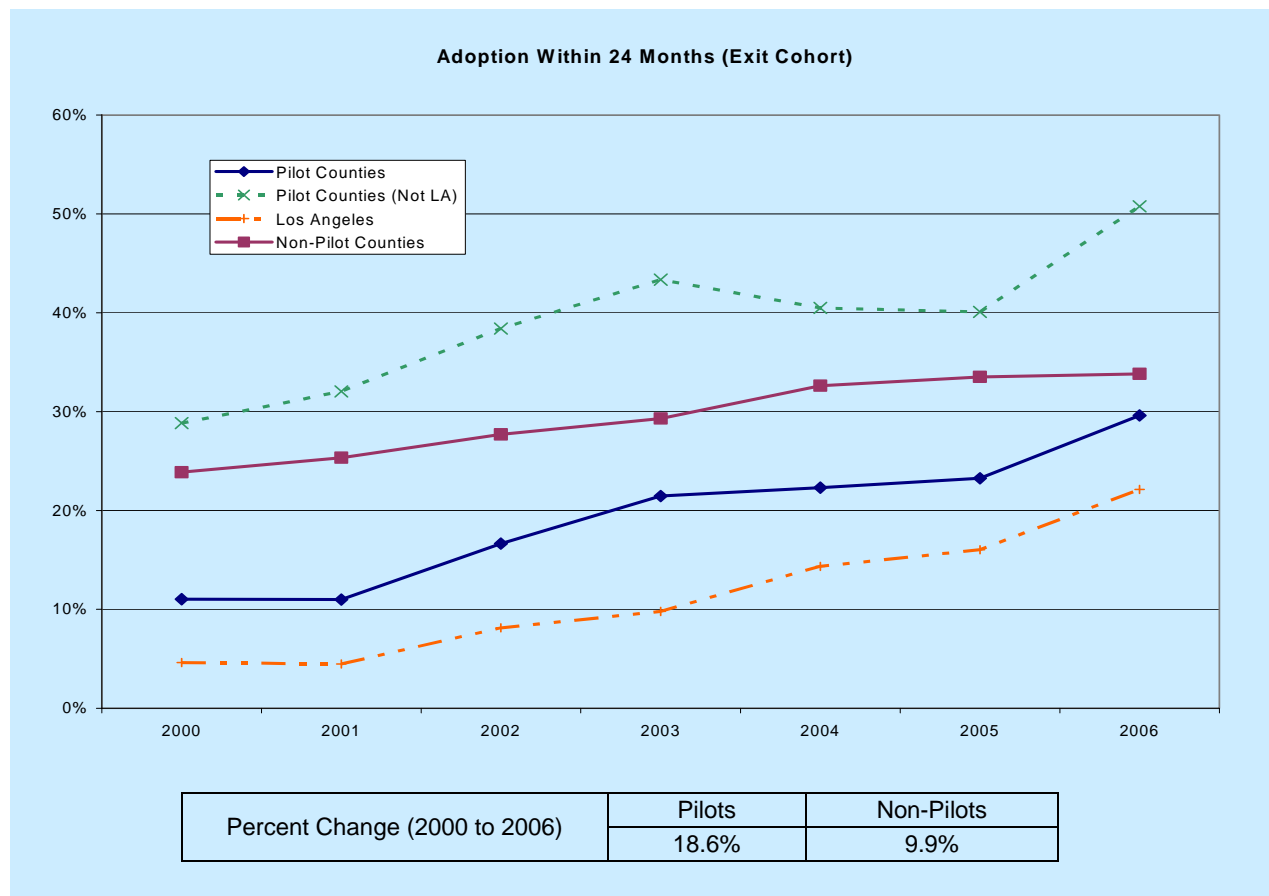
**2. The pilot counties have shown marked improvement in the percentage of children who are adopted within 24 months. The rate of improvement in the non-pilot counties is far less.**

- Statewide, adoption rates have been slowly rising since 2000.
- The pilot counties have increased the percentage of adoptions by nearly 19%, while the non-pilot counties improved by about 10%.

On this indicator, it is important to look at Los Angeles County separate from the other 10 pilot counties. The 10 pilot counties excelled on this permanency indicator compared to both the statewide average and the non-pilot counties. Nonetheless, between 2000 and 2006, they improved by 22%. In this time period, the percentage of children adopted within 24 months increased from 29% to 51%. Collectively these 10 pilot counties found adoptive homes for 422 more children in 2006 than in 2000.

Los Angeles County had a much lower adoption rate than the statewide average in 2000. But by 2006, Los Angeles made a significant leap – elevating its adoption rate by 18%. The number of children being adopted within 24 months increased from 122 to 452.

In addition to these improvements in the rate of timely adoption within 24 months, the pilot counties have found adoptive homes for many of the children who had been in care for longer than 24 months. Los Angeles had a large backlog of children waiting for adoption, and in 2004 began a concerted effort to address delays in the approval of adoptive homes. As a result Los Angeles finalized 6,264 adoptions between fiscal years 2004 and 2006. Also, since historically many foster parents end up adopting the children that are placed with them, in 2004 some pilot counties (including Los Angeles) began a process called “melding” or “dual licensure” – looking at all new foster parents as potential adoption candidates, and approving them as both foster and adoptive homes simultaneously.



CWS staff explain this improvement through the use of both family-finding programs and concurrent planning (the practice of working toward family reunification while simultaneously creating a contingent permanency plan). In many counties, social workers ask youth about potential permanent caregivers in considering the very first placement. As a result, youth are increasingly making permanent connections. The following comment from a social worker, which is similar to other comments made to the evaluation team during site visits to the pilot counties, provides an example of how this occurs:

*“One youth had an uncle that he would run away to. The family told me that he lived in Trinity above a restaurant, but we had no address. I went to Trinity County and found him. They are together now.”*

Counties have been succeeding in finding adoptive parents for some of their toughest-to-place and most long-term youth. Numerous examples were cited during our site visits, including the following from social workers:

*“Through Capitol Kids we place hard to place kids, those with disabilities and multiple siblings. We don’t want them in long-term foster care. We want some kind of permanency for them. We place 40-50 kids per year.”*

*“We had 60 days to place 48 kids [6-13 years old]. We located someone for 42 of the 48. Since then we have found someone for all of them.”*

Through the HOPE (Humboldt Offers Permanency for Everyone) Program, a social worker reported:

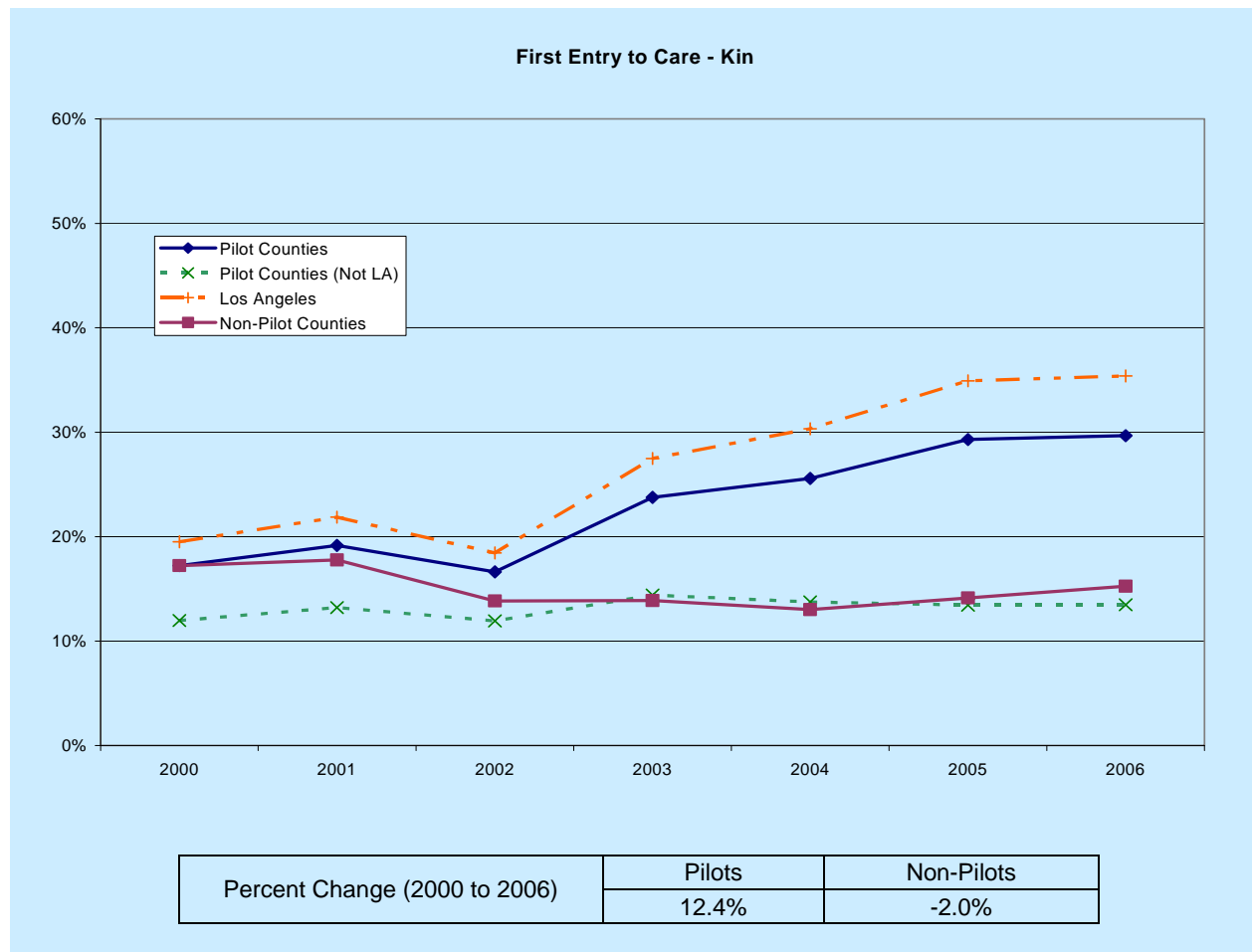
*“Of our most difficult cases from the 2006 cohort, half were either adopted or placed with a relative.”*

#### **CONCLUSION**

Permanency and Youth Transition programs are very effective in achieving one of the primary goals of the pilot strategies – to move children out of foster care into permanency through adoption or guardianship.

### 3. The number of children initially placed with relatives has increased in the pilot counties but not in the non-pilot counties.

- Overall, the pilot counties increased the number of children whose first placement was with relatives from 17% to 30%. This amounted to 3,325 children being placed with family in 2006.
- The non-pilot counties had a slight decrease in the number of first placement with kin – from 17% to 15%.
- The increase was most notable in Los Angeles County, where the number of children initially placed with relatives rose from 20% to 35%. In 2006, Los Angeles was able to achieve first placement with relatives for 2,931 children.



As is the case with the previous finding, CWS staff often cite the increased emphasis on permanency and stability as the reason for this increase. Youth involvement in case planning, Team Decision-making Meetings, and family finding have allowed more youth to be placed with relatives. The following are typical social worker comments:

*"At the initial Team Decision-making Meeting we fingerprinted a friend and sent the child home from the meeting with the friend."*

*"In ten years our county will be different because of this [TDMs]. Fewer kids will grow up in care."*

In the pilot counties, an increasing percentage of children who enter foster care are being placed with relatives or non-related extended family members. The majority of those placements are taking place in Los Angeles. Los Angeles has a streamlined process for placing children in the home of a relative caregiver. Upon removal of the child from his/her home the child and parents are asked to identify potential relative caregivers. A preliminary background check for criminal history and/or child maltreatment history is conducted using the California Law Enforcement Telecommunications System (CLETS) and the CWS/CMS system. If the caregiver passes the preliminary background screening, the child is placed in the home temporarily until the caregiver is able to meet the standard licensing requirements to provide out-of-home care. The streamlined process for relative placement has made a significant impact on this permanency indicator.

Counties who utilize an emergency shelter struggle to improve on this indicator. Although an emergency placement in one of these settings is temporary, it counts as the first placement.

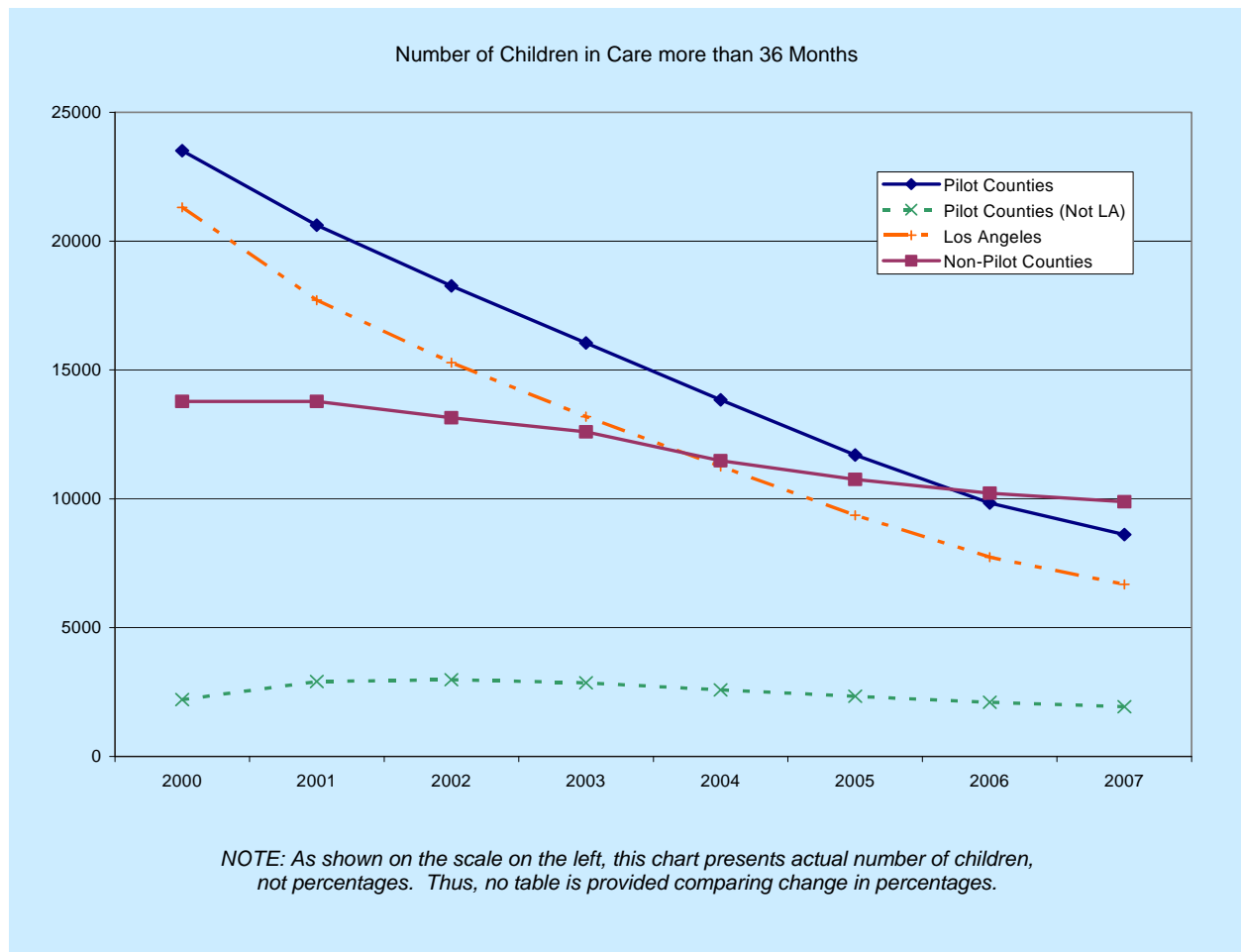
#### **CONCLUSION**

Permanency and Youth Transition programs are successful in increasing the percentage of children who, upon entering foster care, are placed with relatives or non-related extended family members.

**4. Statewide, fewer children remain in long-term foster care, but the decrease has been greater in the pilot counties (particularly Los Angeles).**

- The number of children who were in care for 36 months or longer decreased by 63% in the pilot counties.
- In the pilot counties there were 14,896 fewer children who had been in long-term care in 2007, compared to the number of children in 2000.

The following chart shows that the number of children in care for more than 36 months has declined steadily. This is particularly attributable to Los Angeles, which has brought its numbers of children in long-term foster care down significantly. For the remaining 10 pilot counties, the number of children has been relatively small since 2000, but has decreased slightly.



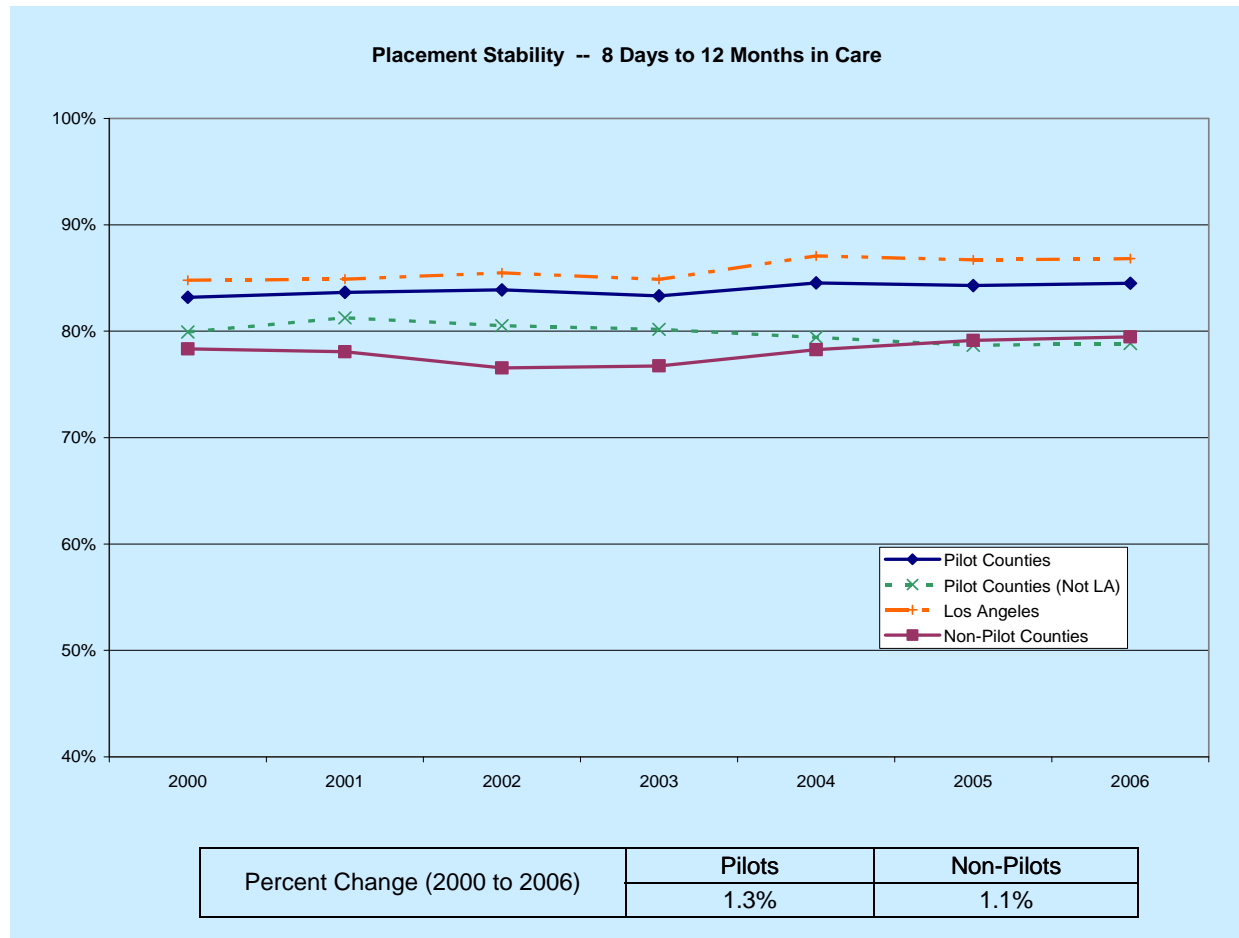
**CONCLUSION**

Collectively, the pilot strategies have succeeded in moving children from out-of-home placement to relative care or adoption within 36 months.



## 5. Placement stability has not changed dramatically in the pilot or non-pilot counties.

Placement stability – as indicated by children who were in care for at least 8 days and less than 12 months having less than two placement moves – has not changed significantly statewide, in the pilot counties, or in the non-pilot counties. As the following chart indicates, from 2000 to 2006 the percentage on this indicator changed less than 2% for the pilot and non-pilot counties.



Placement stability as measured by this indicator is affected by many factors and is not considered by the evaluators to be of as much value as an assessment of the pilot strategies, compared to the other data available, since it is particularly difficult to correlate the effect of the strategies to this outcome. The fact that placement stability has remained constant in the pilot counties indicates that the pilot strategies do not impact this indicator positively or negatively. Similar to challenges in placing children with relatives upon first entry, many counties have receiving homes or some form of emergency shelter, which affects placement stability. Most systems are designed to have at least one placement before a child is moved into a permanent home.

### CONCLUSION

Placement stability has remained relatively constant. However, this is not considered to be of great significance to this evaluation, given that a number of systemic factors cloud the usefulness of this data.

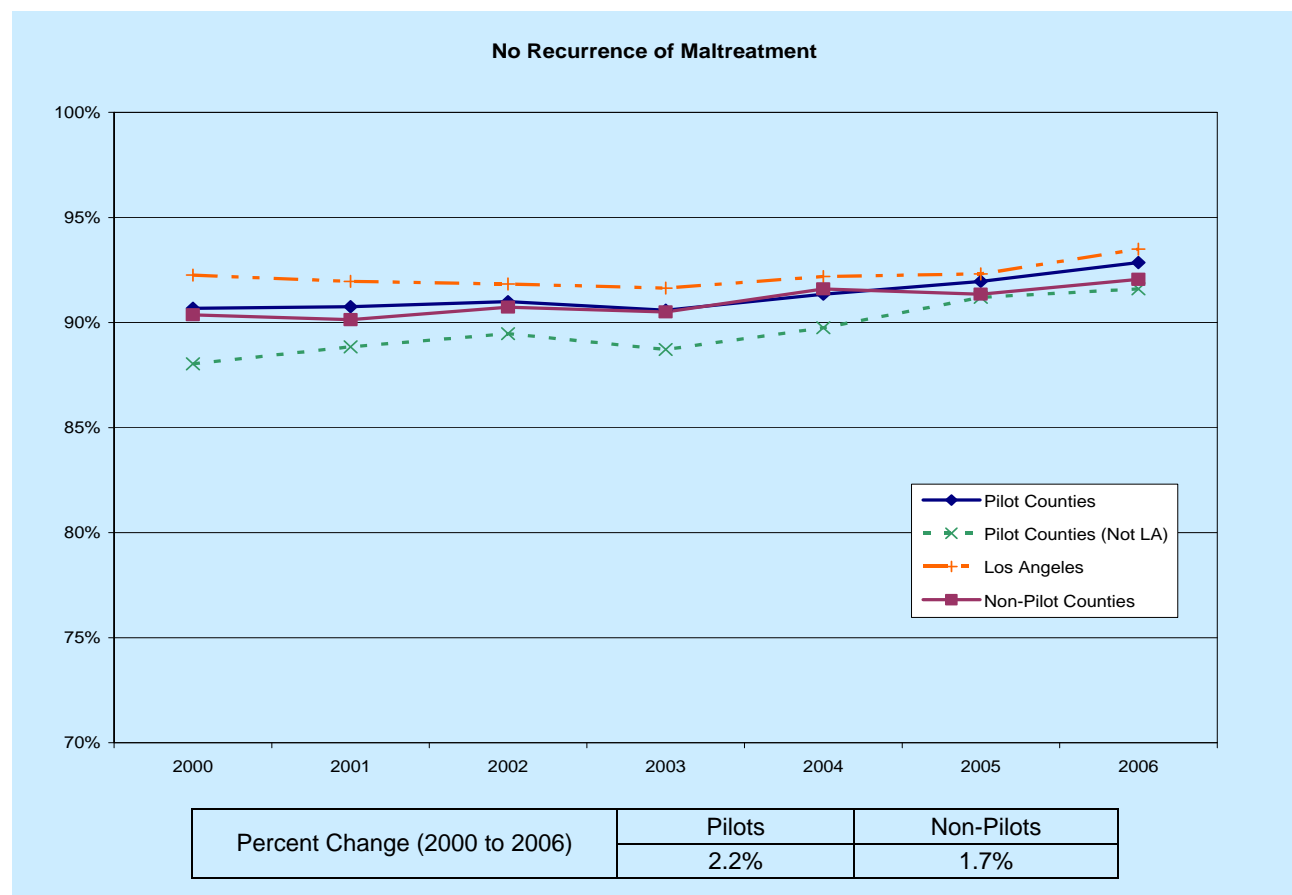
## SAFETY

Child Welfare agencies seek to ensure that children who have been victims of abuse and neglect, or are at high risk of being abused and neglected, are protected from further harm. To this end, reducing recurrence of child abuse and/or neglect is the primary safety objective for CWS agencies. Substantiated referrals and recurrence rates of abuse and/or neglect are two key indicators of child safety. Other safety indicators, which also relate to permanency outcomes, include the rate of re-entry to foster care for children who were reunified with their families, and the rate of first entries into care.

### 1. Recurrence of maltreatment is being avoided statewide, with a greater rate of improvement in the pilot counties.

This indicator measures the percentage of all children who were victims of substantiated child abuse and/or neglect during the first 6 months of the reporting period, who did not experience another substantiated report within the subsequent 6-month period.

- Statewide, the percentage of children who experienced no recurrence of maltreatment has improved steadily since 2000.
- Since 2004, the pilot counties improved by 1.6%, while the non-pilot counties improved by .05%.
- Los Angeles County has consistently shown slightly better results on this indicator than the other pilot counties or the non-pilot counties. In 2000, about 92% of children in Los Angeles experienced no recurrence of maltreatment. Given this high percentage, it is notable that Los Angeles was able to increase it to nearly 94% in 2006.
- The other 10 pilot counties were somewhat behind the non-pilot counties in 2000, but had nearly reached parity by 2006.



Social workers report components of all of the pilot strategies have contributed to reducing recurrence of maltreatment – assessing safety and risk through the use of the Standardized Safety Assessment tools, connecting families to supportive services in their own neighborhoods and communities through Differential Response and permanency programs, and including the expertise of community partners and family members in decision-making processes. As one worker stated:

*“There is a lesser chance that pieces will be dropped. All of the information is at the table and a better decision can be made.”*

When community partners join CWS in responding to a referral, they often stay involved and provide services even when abuse/neglect is substantiated and CWS opens a case. As a result, social workers and community partners report that families are getting the help they need to improve their homes, reunify and close their cases, and subsequently remain out of the system. One worker observed:

*“I saw a lot of recidivism. There was neglect so we’d wash the clothes or we’d clean up the house. We were doing just what we had to do to stabilize that situation, but then they would re-enter. I see less of that now. It’s more of an ingrained behavior that’s changed, not just a single problem that’s fixed.”*

Another followed,

*“Knowing that the children probably won’t cycle back through the system is encouraging and rewarding. This is really how we will make our community strong.”*

Additionally, CWS staff and community partners note higher levels of service engagement under Differential Response, and attribute the program’s success to its tendency to be less threatening to families. As one worker cited:

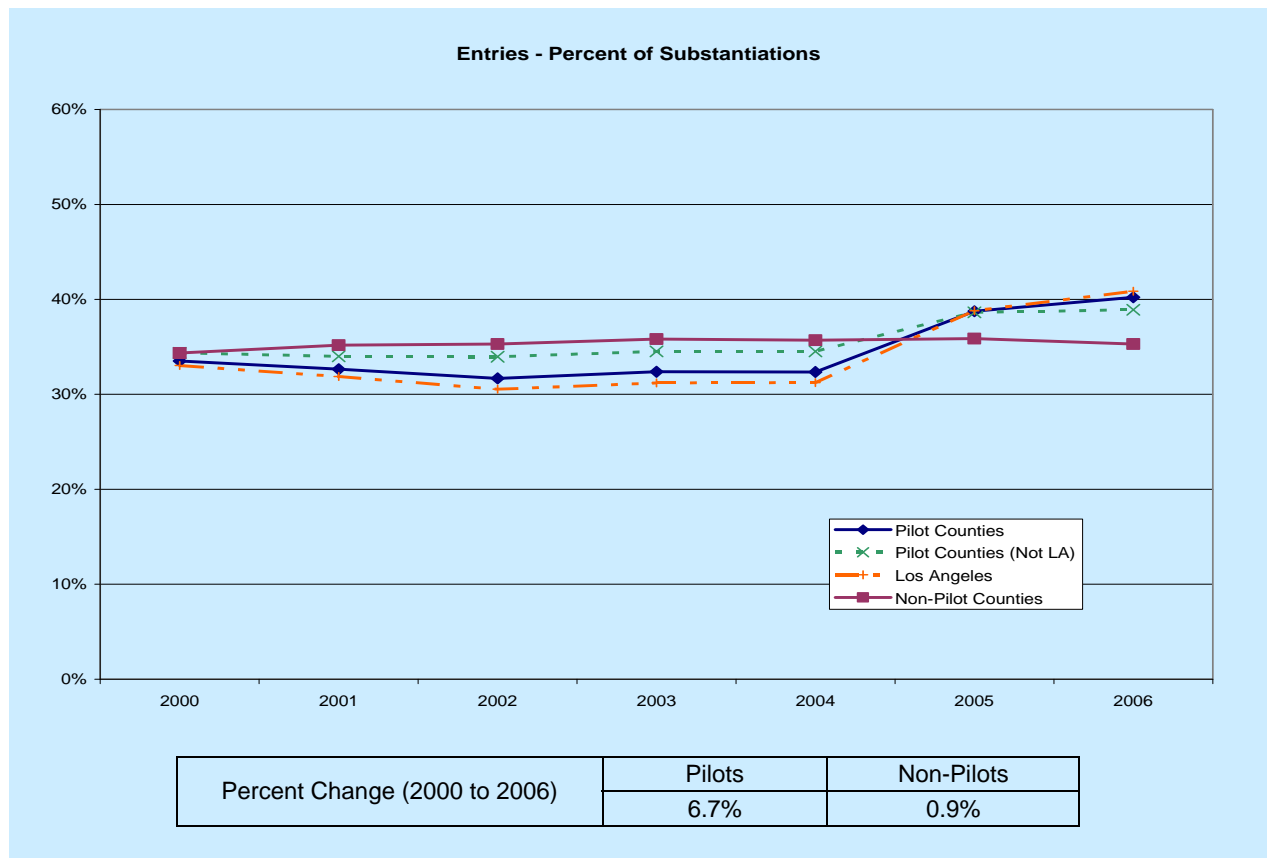
*“[As a result of Differential Response] the families are a lot more willing to work. It’s that non-threatening piece; it’s a better system that way. We’re not here to take the kid’s away, we’re here to get you the skills you need to be a better family.”*

#### CONCLUSION

While both the pilot and non-pilot counties were performing at a high level on this indicator in 2000, and both have improved, the pilot counties have achieved a greater increase in the percentage of children who experience no recurrence of maltreatment.

## 2. In the pilot counties, when a referral is substantiated, it is more likely that the child will enter (or re-enter) foster care within 12 months.

- In 2000, the percentage of substantiated referrals resulting in an entry to foster care within 12 months was virtually the same for the pilot and non-pilot counties. This did not change notably until 2004.
- Since 2004, the percentage of entries has increased by nearly 8% in the pilot counties, but remained unchanged in non-pilot counties.



It appears that the pilot strategies have an effect on this indicator, given that the pilot counties show an upturn since 2004, while the non-pilot counties have experienced little change. The Standardized Safety Assessment system could contribute to these results – improved safety and risk assessments could be responsible for an increase in the percentage of entries. Anecdotally, counties reported a sharp rise in the number of removals after implementation of the Standardized Safety Assessment tools.

If a child's safety issues cannot be mitigated through services, removing the child from the home ensures safety. The increase in entry rates, while not in direct alignment with the goal to reduce entry, is an indication that safety is being given priority in the pilot counties.

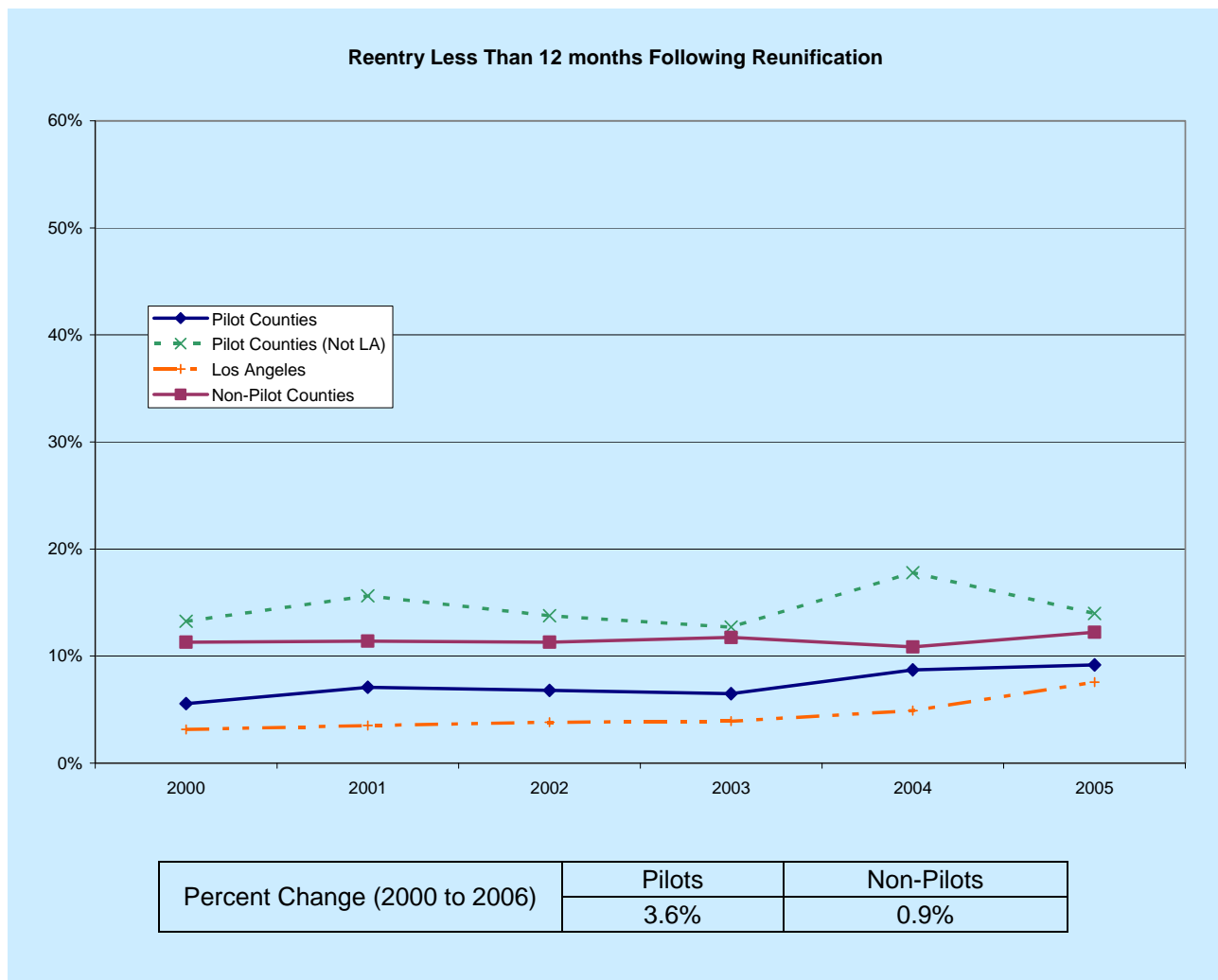
### CONCLUSION

Utilizing Standardized Safety Assessment and other pilot approaches, counties are taking the necessary steps to ensure the safety of children.

### 3. After children are reunified with their families, the likelihood that they will re-enter foster care has increased slightly.

CWS is tasked with promoting safety and keeping children connected to their families, ideally through reunification. To help reduce the likelihood of subsequent abuse and re-entry, CWS assesses risk prior to reunification and often provides supportive services for families. However, not all families who are abusive and/or neglectful are able to remedy their situations and behavior sufficiently to prevent abuse and neglect from recurring. After being reunified with their families, some children reenter the system as a result of the recurrence of abuse/neglect. This indicator measures the percentage of children who were reunified with their families, then re-entered foster care.

- Statewide, after children are reunified with their families, the rate at which they re-enter foster care has been increasing slightly but steadily since 2000. The same is true for both pilot and non-pilot counties.
- Since 2000, Los Angeles has had significantly lower re-entry rates than the other 10 pilot counties or the non-pilot counties. Since 2003, its rate has been increasing more rapidly than the other counties, but Los Angeles still remains several percentage points below the other counties, with re-entry rates below 8%.



The re-entry rate statewide has increased slightly over time, which is contrary to the desired direction. However, this data must be considered in concert with Permanency finding #1 above:

- The pilot counties have significantly improved the rate at which children are reunified with their families within 12 months.

Across the country, when states and counties accomplish this objective, it is commonly accompanied by an increase in the number of children who re-enter foster care.<sup>31</sup> This is logical, given that among that larger number of children reunified with their families within a relatively short time, some are undoubtedly going to re-enter the system.

Therefore, in looking at the effects of the pilot strategies, it is important to consider how many additional children were reunified within 12 months, versus how many re-entered the child welfare system. Between 2000 and 2005 in the pilot counties:

- The number of children who were reunified within 12 months has increased dramatically – by 30%. This represents more than 2,000 children.
- The number of children who re-entered foster care increased only very slightly – an increase of less than 1.5%. This represents a total of 92 children.
- Thus, more than 1,900 children who would otherwise have remained in the system found permanency and safety.

#### **CONCLUSION**

Together, reunification and re-entry rates indicate that the pilot counties have maintained child safety while reunifying children with their families at a much greater rate than the non-pilot counties.

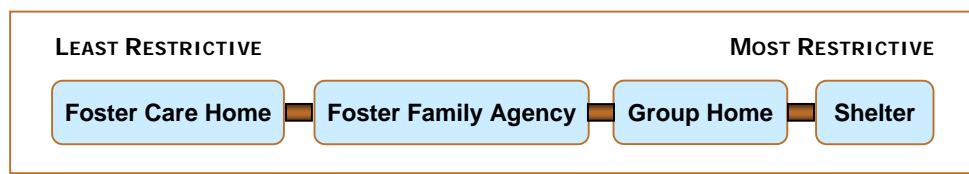


## WELL BEING

Well-being is an outcome that is somewhat more difficult to quantify than permanency and safety. For purposes of evaluation, useful data is available for two statistical indicators: placement in least restrictive care, and children maintaining connection with their siblings. This is point-in-time data, comparing the number of children on the first day of each year (January 1, 2000 versus January 1, 2007). This differs from the charts in the other sections, which present calendar year data. Relevant calendar year data is not available for these two indicators. Given the above considerations, this section presents findings that are based both on the quantitative data (actual numbers of children) and qualitative data (information gathered by the evaluation team in site visits to the pilot counties).

### 1. The pilot counties have successfully moved children out of the most restrictive placement settings, primarily into guardianship or adoption.

When children are removed from their homes, it is the responsibility of CWS to ensure that they are living in stable, age-appropriate settings and not in institutional care or group homes (unless otherwise necessary due to extreme behavioral and/or mental health problems). When possible children should be placed with relatives first, followed by guardianship with families they know, and then placement with foster families. Thus, when a child must be placed, as opposed to exiting the system to adoption or reunification, the hierarchy of “least restrictive” placement settings is as follows:



To compare the least restrictive setting data between the pilot and non-pilot counties is more complex than the comparisons made in the line graphs presented on the previous pages. A line graph for least restrictive setting would require ten lines, rendering it indecipherable. Instead, this data is presented in three ways: summary statements, bar graphs, and number charts. All of the data compares number of children in each placement type in 2000 versus 2007. In each case, the placement types are presented in order from the least restrictive to most restrictive. It is important to remember that the preferred move is out of foster care altogether – into reunification or adoption, which are not placement types.

Looking at just the two most restrictive settings – shelters and group homes – yields a significant insight:

- The pilot counties reduced the number of children in these two settings by 55.5%, or a total of nearly 3,000 children. The non-pilot counties reduced the number of children in these settings by 5.0%, or a total of 214 children.

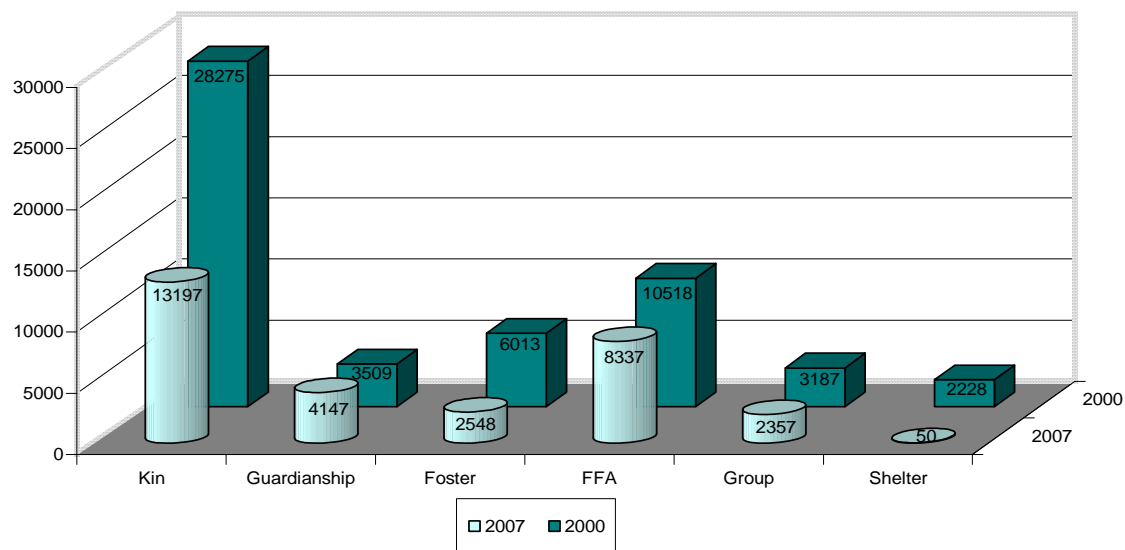
The following present the percentage of change in the total number of children in each type of setting.

- Kinship: In the pilot counties, the number of children in kinship placements decreased by 53.3%. In the non-pilot counties, it decreased by 17.0%.
- Guardianship: In the pilot counties, the number of children in guardianship placements increased by 18.2%. In the non-pilot counties, it decreased by 11.6%.
- Foster homes: In the pilot counties, the number of children in foster home placements decreased by 57.6%. In the non-pilot counties, it decreased by 43.3%.
- Foster family agencies: In the pilot counties, the number of children in FFA placements decreased by 20.7%. In the non-pilot counties, it increased by 51.7%.
- Group homes: In the pilot counties, the number of children in group home placements declined by 26.0%. In the non-pilot counties, it increased by 4.3%.
- Shelter: In the pilot counties, the number of children in an emergency shelter decreased from 2,228 to 50. The non-pilot counties decreased from 525 to 149.

## Bar Graphs and Number Charts

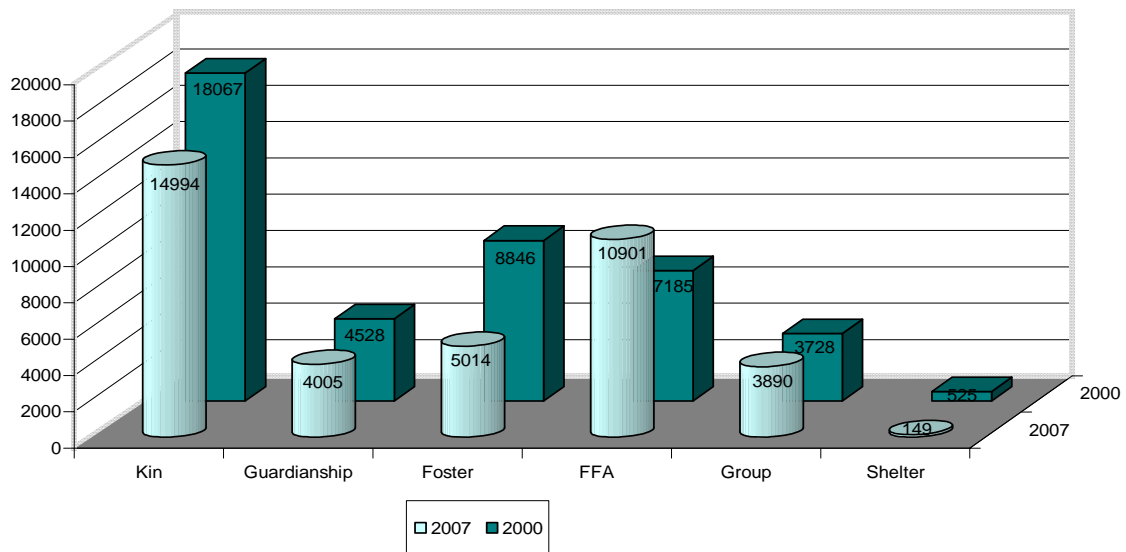
The following two pages show how the number of children in each placement type has changed between 2000 and 2007 in the pilot and non-pilot counties. It is important to note that while the pilot counties have markedly reduced placements in the most restrictive settings (group homes and shelters), they have not shown a corresponding increase in placements in the least restrictive settings. Given that the pilot counties have also markedly increased the number of children exiting the system to adoption and reunification, it is evident that many children in the pilot counties are moving from the most restrictive setting to the most preferred option, which is to exit the system.

**Pilot Counties - Number of Children in Various Placement Types**



Pilot Counties						
	Kinship	Guardianship	Foster	FFA	Group	Shelter
<b>2000</b>	28,275	3,509	6,013	10,518	3,187	2,228
<b>2007</b>	13,197	4,147	2,548	8,337	2,357	50
Difference	-15,078	638	-3,465	-2,181	-830	-2,178
% Change	-53.3%	18.2%	-57.6%	-20.7%	-26.0%	-97.8%

### Non-Pilot Counties - Number of Children in Various Placement Types



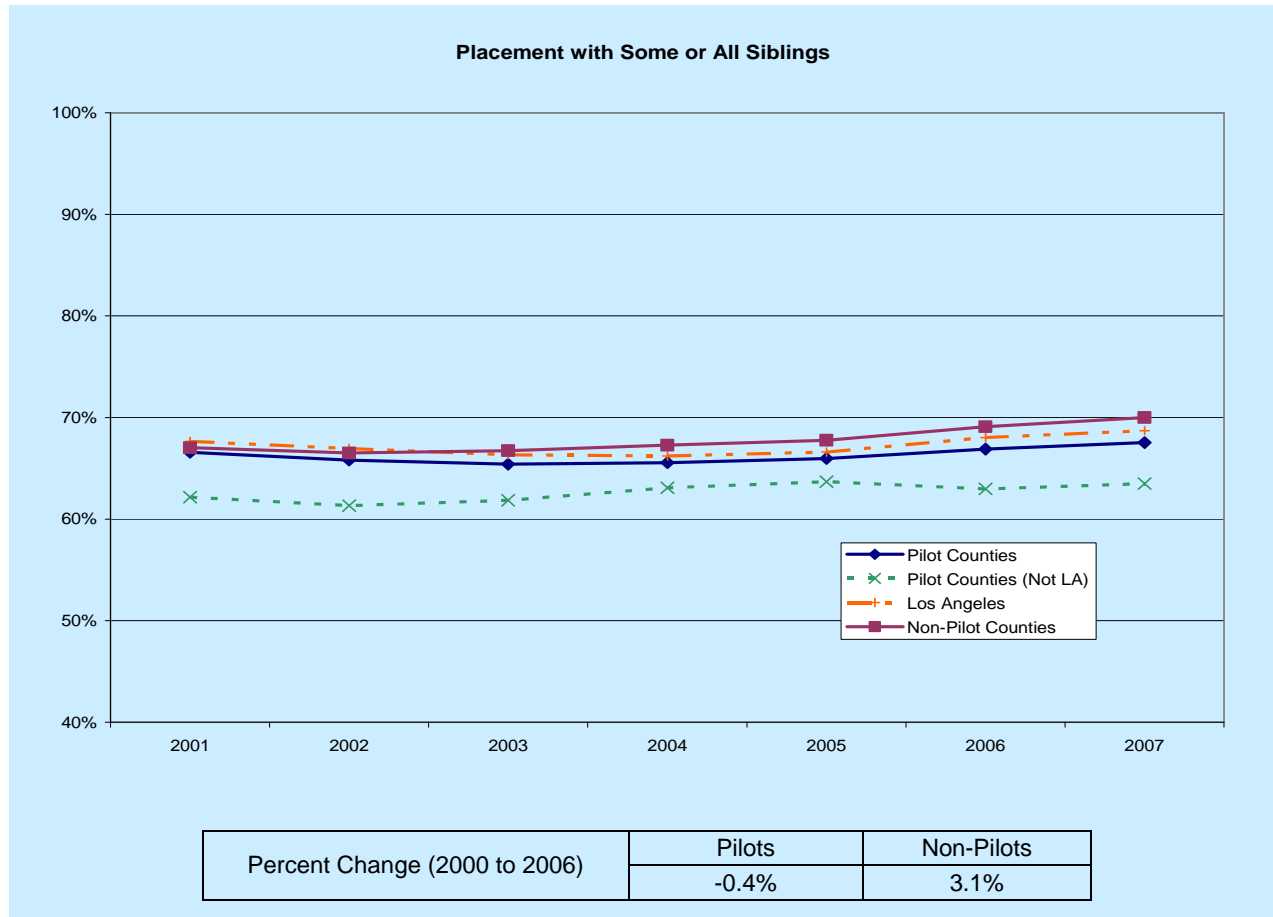
Non-Pilot Counties						
	Kinship	Guardianship	Foster	FFA	Group	Shelter
<b>2000</b>	18,067	4,528	8,846	7,185	3,728	149
<b>2007</b>	14,994	4,005	5,014	10,901	3,890	525
Difference	-3,073	-523	-3,832	3,716	162	
% Change	-17.0%	-11.6%	-43.3%	51.7%	4.3%	-376

#### CONCLUSION

Clearly, the pilot counties have reduced the number of children in the most restrictive settings (group homes and shelters). However, there has not been an equal increase in the number of children in kinship and guardianship placements. Given that the pilot counties have also markedly increased the number of children exiting the system to adoption and reunification, it is evident that the pilot counties are moving many children from the most restrictive setting to the most preferred option – exiting the system altogether.

**2. The number of children placed with some or all of their siblings has remained virtually the same in the pilot counties. It has increased somewhat in the non-pilot counties.**

- Statewide, the counties are showing a slight increase in the number of children who are placed with all or some of their siblings.
- The combined non-pilot counties performed slightly better on this indicator than the pilot counties. From 2000 to 2006, the non-pilots increased by about 3%. The pilot counties decreased by 0.5%.



The reasons for this slight decrease in the pilot counties are not clear. Some of the pilot strategies, such as Team Decision-making Meetings, could be expected to result in improvement on this indicator at a greater rate than the non-pilot counties. However, given the small amount of movement in the numbers over the years, and the slight up and down movement for all groups, it appears that this indicator is not responding strongly to any of the initiatives underway in California. In subsequent years it will be important to give this indicator additional focus and consideration.

## **Well-Being: Qualitative Findings**

The following observations regarding youth and family well-being were reported by staff, parents, community agencies, and others during site visits to the pilot counties.

### **3. Families and youth are more empowered and involved.**

Built into many child welfare improvement processes are a significant number of opportunities for families to be involved in decision-making and to influence their own case outcomes. These opportunities have been heralded by the shift CWS has made to viewing families “as experts on themselves.” Additionally, the complementary shift to strengths-based processes affords families a portrait of their capabilities and potential of success. This provides a platform that the family and CWS can then work together to build upon. Families also feel more empowered to take charge of their lives and undertake the hard work of self-improvement. Reported one social worker:

*“Parents never had a say. Now, parents get a voice. Having everyone on the same page I foresee stronger families. They’re going to know each other better. We will have stronger communities and more respect because they [families] are not being told what to do. Our clients are the parents of tomorrow and I think they will be looking out for other kids. Our kids will be involved in the community because we are teaching them that they are important. I think about my caseload three years ago, and the clients that are leaving this year and they have a whole lot more self-esteem now. I think it’s going to take another generation to see all of the impact, but we gave youth a voice and I think it’s going to have an effect.”*

Another commented:

*“For the strengths piece of the TDM, they go around and say what strengths they see in that person [the child]. I’ve seen teenagers with their heads down and crying because they’ve never heard their strengths before. It’s really powerful.”*

### **4. Service provision is more comprehensive and client-centered.**

Through Differential Response and Team Decision-making Meetings, more services providers have the chance to interact with families. Also, agencies coordinate with each other and CWS to provide more appropriate and integrated care than ever before. In addition to the presence of more service providers, partner agencies like schools and faith-based organizations are aware of and involved in a family’s case, which means more eyes watch what is happening and alert CWS and service providers when families need help. One case worker from a community-based organization explained:

*“If we find a family is not engaging we can let them [CWS] know. There are more people there to keep the family on track. It means more support for the family in multiple ways.”*

A social worker commented:

*“There are fewer families falling through the cracks. We might go in for one reason and find another and get them the services they really need. You can help other family members, not just the youth.”*

### **5. Emancipating youth are being offered more services.**

In an attempt to support a successful transition to adulthood, the pilot counties, like the rest of the state, have been expanding their Independent Living Skills Programs (ILSPs) and Transitional Housing Programs (TLPs), and adapting their programs to make them more accessible to transitioning youth. Explained one ILSP worker:

*“Every Tuesday at a local pizzeria the youth can come and get food and we give them resources there. We meet them where they’re at.”*

A former ILSP youth who is now an outreach worker for the program noted:

*“The goal is to work one on one with them. We bring the ROP [Regional Occupational Program] class to them.”*

A program supervisor commented:

*“The Board of Supervisors has given us \$360,000 for housing stipends. They also gave us money for ILSP for matching dollars so that youth have \$3,000 they can use to buy a car or something when they emancipate.”*



## FINDINGS PART FOUR: SYSTEM IMPROVEMENT

There is substantial evidence that a fundamental shift is occurring in the child welfare system as a result of the pilot strategies. Individually, they have affected specific desired outcomes, but their full effect results from the interaction among the three strategies, in combination with other system improvement efforts across the state. While some things can be measured quantitatively, some of the most important changes can only be observed or recorded in the form of comments from system participants – CWS staff, children and families, other agencies, and so forth. The key findings from these stakeholders are presented below, organized into three categories: accomplishments, challenges, and lessons learned.

### ACCOMPLISHMENTS

#### 1. The pilot strategies support improved decision-making.

All of the redesign strategies incorporate processes for collecting more information upon which to base decisions. From the Standardized Safety Assessment, which leads social workers through a thorough information gathering process; to Differential Response, which includes the expertise of community partners in making assessments; to Team Decision-making Meetings, which draw on the knowledge of the family and key stakeholders – social workers have reported that decisions are being made based on more and better information, which results in better outcomes overall.

*“The Team Decision-making Meetings always bring out new information about options that the social worker may not come up with on their own.”*

- CWS Staff

*“Structured Decision Making ensures that you include all elements of safety and risk in assessment. If you’re not using a tool, no matter how comprehensive you try to be, there’s no way you can keep it all in your head.”*

- CWS Staff

#### 2. Team Decision-making Meetings help safely maintain families and family connections.

In every pilot county social workers spoke to the power of Family to Family’s Team Decision-making Meetings to keep families together when appropriate, and to maintain family and life-long connections for children who must be removed. Reportedly, involving families and stakeholders creates more options for keeping families together and making the necessary transitions as smooth as possible for the child.

*“Everyone sees that it’s working, even the people who were most resistant. It gets everybody on the same page and understanding everybody’s concerns. It defines who does what for the child and so things get done. It’s amazing.”*

- CWS Staff

*“This is the single most important redesign improvement.”*

- CWS Staff

*“The kid can keep relationships within their life going. Attachment issues are so huge in the system and it gives the kid a chance not to experience another loss before they are placed.”*

- CWS Staff

#### 3. Differential Response is less threatening to families and facilitates service engagement.

Differential Response is an alternative response system where families can engage in services provided by community partners. Community partners and social workers report that offering families the opportunity to improve their situation without fully entering the CWS system has increased their willingness to both discuss the challenges they face and to engage in services.

*“It engages families instead of making them defensive. It serves families.”*

- CWS Staff

*"Taking out a public health nurse is awesome! Families seem to be more receptive to her and not as threatened by her. If I come to their home again, it's much smoother. They're more honest about their problems than if it were just myself or another social worker out there."*

- CWS Staff

*"I talked to a person who has been referred numerous times. She said, 'You never offered me anything in the past but a threat.' It used to be she thought she needed someone here to help her get things done and now she realizes she needed counseling. And CWS might have told her that, but she couldn't hear it that way."*

- CWS Staff

#### **4. Standardized Safety Assessment serves as a system of checks and balances.**

Child welfare staff repeatedly expressed their appreciation for having a standard against which to evaluate their decisions, especially when decisions are difficult or more than one outcome seems viable. In particular, new social workers spoke about using the Standardized Safety Assessment as a guide and training tool that serves as a safety net for errors that may occur due to inexperience.

*"If you are questioning your own decisions, it helps reaffirm you are making the right decisions – or if it is contrary, it gives you a chance to reevaluate."*

- CWS Staff

*"It can help to confirm a decision. It's a great tool when you're in doubt, especially in reunification when you're not clear whether to do more reunification or not."*

- CWS Staff

*"It works well for new hires. It makes assessment much less scary."*

- CWS Staff

#### **5. Families are more involved and take greater responsibility for achieving positive outcomes.**

The pilot strategies offer numerous opportunities for families to influence their own case outcomes and participate in making decisions about the future of the children and the family. The strengths-based approach emphasizes the family's capabilities and potential, which empowers them to take a greater role in shaping their personal outcomes.

*"We do customer satisfaction surveys after the TDMs and people will say that this is the first time anyone asks what they think, or 'No one ever cared what I think before.'"*

- CWS Staff

*"When we're the experts, it's not a position of respect. When people feel they have choice, they respond differently. I talked to a guy who has had multiple referrals and I said, 'I need to know what you think of what I'm proposing.' He said, 'Thank you for asking me that.'"*

- CWS Staff

*"I've had some families say, 'I want a TDM right now to work this out.' It's nice to hear that they want one and are taking ownership."*

- CWS Staff

#### **6. Families are receiving more prevention and early-intervention services, and receiving them earlier.**

Through Differential Response, families are being connected to services and engaging with community partners to build their capacity to safely remain intact. Social workers report the help families are receiving is in many cases allowing them to stay out of the system altogether.

*"We are out there meeting our families earlier and not waiting until it's bad."*

- CWS Staff

*"I've seen families turn their lives around."*

- CWS Staff

*"It is successful. When we look at recurrence, it is working."*

- CWS Staff

#### **7. Youth are increasingly involved.**

From training foster parents and CWS staff, to participating in programs and sitting on advisory committees, youth are increasingly involved in molding not only their own futures but also the way

child welfare agencies operate. Rather than being only viewed as clients, youth are increasingly being called upon as guides and collaborators who shape the system that serves them.

*"Youth are at the PRIDE foster parent training to present and it really gives youth a voice. It also adds to others' perspectives because it really helps it to hit home when you hear it from the youth. The last one I went to the youth left with five potential foster parents."* - CWS Staff

*"Having the youth involved, we've realized that they need to be a part of the boards or whatever other entity is making decisions for them."* - CWS Staff

*"They [youth] always felt like we were doing things to them; now they feel like they are part of the process."* - CWS Staff

#### **8. Youth are making permanent connections and participating in developing permanency plans.**

Through adoption, guardianship, and "lifelong permanent connections," more youth are transitioning out of the system with someone to whom they can turn. CWS staff report this is due in part to the inclusion of youth in permanency planning, as youth themselves are often their own best resource in identifying potential candidates for permanent connection.

*"We see more foster youth having life long connections. They're not homeless. They have a support system they didn't have before."* - CWS Staff

*"An adoption failed, but it turned out that Mom was right here in town and we were able to reconnect them. Mom had gotten her act together, and he had a brother that Mom was parenting, so he was also connected with his sibling."* - CWS Staff

#### **9. Service provision is more comprehensive and client-centered.**

Through Differential Response and permanency programs, services are being offered to families earlier, through more avenues, and in a manner that make the services easier to access. Additionally, increased coordination of services among organizations means families are being tracked by more workers, resulting in a more tightly woven safety net for families.

*"The truth is that I now have someone who can hold your hand. They can do more for you than I can."* - CWS Staff

*"The comments by social workers helped a lot in being more sensitive to their [the family's] needs; we know where to direct them because we know their history. That really helps a lot. Also our services are provided right in the home, so it makes it work for the family."* - Community Service Provider

*"The strength is how we collaborate and work with the families. We share information and try not to overwhelm them with appointments. We're working with partners to bring services to them in the most efficient and effective way."* - CWS Staff

#### **10. Parent Partners serve as a bridge between parents and the child welfare system.**

Parent Partners are parents who experienced the removal of their own children and who, after reunifying with them, are working within CWS to support parents who are currently working to reunify their families. Parents often relate well to Parent Partners because of their mutual experience, and in many cases are more willing to engage. Social workers, Parent Partners and parents alike have seen families reunify faster when a Parent Partner is available to support and mentor a parent through the system.

*"My experience gives the parents hope. I show them pictures of me from before when I was using. One thing is the changes I've made in the parenting and they ask me about how I do it."* - Parent Partner

*"The same message can come from someone else but we have the credibility to say it and be heard."* - Parent Partner

*"I have become a better person because of the people in this room [Parent Partners]. I think better, I'm a better social worker, I'm a better manager. They made us better as a system."*  
- CWS Staff

#### **11. CWS has shifted to a more collaborative, rather than enforcement, approach to working with families and community organizations.**

Differential Response, Team Decision-making Meetings, and permanency programs change the role of CWS staff from enforcer to family supporter and community collaborator. Rather than strictly focusing on investigatory duties, workers now invite and take heed of input from families and community partners before developing a plan to stabilize and strengthen the family. As CWS invites the input of others, a collaborative relationship is developed.

*"The more we attend meetings with CWS, the better our working relationship gets. This is the most collaborative partnership we have experienced to date."*  
- Community Service Provider

*"We believe family members are the experts on themselves. It reframes how we look at the families and shifts CSW's minds to view parents as an ally."*  
- CWS Staff

*"The shift happened because we are doing Differential Response. They have a choice. Before it used to be black or white, I'm opening a case or I'm not."*  
- CWS Staff

#### **12. Relationships with other organizations have expanded and improved.**

Outside organizations are partnering with CWS by way of contracts, MOUs, handshakes, and simply by showing up to help ensure healthy home environments for children and youth. This includes community-based nonprofits, faith-based organizations, schools, law enforcement, public health agencies, and other entities. CWS staff and workers from outside organizations report that working together in new ways has rejuvenated and improved relationships.

*"There's an open line of communication that didn't happen before."*  
- Community Service Provider

*"We've developed more contacts with the community and more partnerships than we've ever seen."*  
- CWS Staff

*"It's not just the punitive CWS; they can offer services."*  
- Community Service Provider

#### **13. CWS' reputation in the community has improved and residents appear to be more willing to contact and work with CWS.**

Community members, local agencies, and CWS staff report that word is spreading in the community about the positive shifts noted above. Child welfare workers state that they are better received and sometimes warmly welcomed. Many community members no longer perceive that a referral will result in the children being "automatically taken away." In some instances, after witnessing improvement in families served by CWS, at-risk families have inquired about how they can self-refer to receive services.

*"The atmosphere has gotten a lot different. When I knock on the door, [families] say, 'Come on in. I know who called you. Come on in.'"*  
- CWS Staff

*"We have monthly meetings with most of the family centers and we are hearing the praises of the Team Decision-making Meetings. It is changing the community's perception that we're 'baby snatchers' – instead they see we're here to help people do the best parenting they can. This has happened in 1½ years. The community knows what the changes we're making are, and talk about them."*  
- CWS Staff

#### 14. Communities are taking greater responsibility for child well-being.

Community-based organizations, other public agencies, extended family members, community volunteers, and families themselves are coming forward to assist CWS in providing support for families, safe, stable homes for children, and permanent connections to adults. Throughout the pilot counties, workers express the value of this community effort in achieving positive outcomes for children and families.

*"We are no longer the single entity in charge or responsible for all of the aspects of protection. We now have the CBOs and the community working with us."* - CWS Staff

*"One of the benefits of coming into child welfare work at this point is that there's rarely anything you have to do in a silo. In the past you carried that load and that child every single day by yourself. It's not just one person making the decision or supporting the family now. We're able to do much more for the families."* - CWS Staff

#### 15. Social workers report the strategies align better with their vision of social work.

Workers feel many of the pilot strategies are allowing them to better help families and effect lasting change, and therefore workers are feeling more engaged, inspired, and hopeful. In fact, many of those who reported an increased workload due to the pilot strategies also reported feeling the increase was worth it, as their time was spent more effectively.

*"It is a totally different place now that we're doing social work the way social work was supposed to be done."* - CWS Staff

*"The Differential Response program was considered such a shift in the right direction that people who thought they would never work for CWS started working for CWS. At the thought of working for CWS, one person said, 'I'd rather eat glass.' Now she works for CWS because of the redesign efforts."* - CWS Staff

*"I was excited. All the things we went to graduate school to do – yay, we get to do them now. I get a kind of high out of it."* - CWS Staff

#### 16. While the pilot strategies in some ways increase workload, that may be somewhat offset in the long run by time savings.

Despite the fact that social workers generally spoke of increased workloads, many recognized the potential of the pilot strategies to reduce work in the future, or already have seen time savings. One main reason cited was that Team Decision-making Meetings, in conjunction with Standardized Safety Assessment tools, often result in better and longer-lasting decisions, as accuracy up front can decrease future remedial work.

*"The time it would take to find a group home placement for a child with serious behavioral problems well exceeds the time a TDM would take to save a placement."* - CWS Staff

*"The benefit of a TDM to the social worker is that it's so time saving because you have made contact with everyone in the room. It does handle about three required monthly activities at one time. It really is a best practice."* - CWS Staff

*"If it is done well, it can streamline the work that we do instead of being extra work; by having everyone in the room at the same time talking together."* - CWS Staff

*"It's not so much that it's more or less, but it's different. In one way you look at it and it's definitely more, but initially it's always more. It's more front-end work, but it balances out because it gets easier as it goes along."* - CWS Staff



## CHALLENGES

### 1. CWS caseloads are shifting to families with greater needs and difficulty achieving success.

The achievements of the pilot strategies, as well as other efforts that have been made throughout the child welfare system over the last decade, have resulted in a shift. Many of the families who are readily able to respond to services and stabilize within a reasonable amount of time have done so. Many of the children in the CWS system who can be placed with relatives or adopted have been.

On the other hand, some families are not readily able to respond to services, and may take a long time to stabilize. For example, the rapid increase in methamphetamine use in recent years has led to an increasing number of parents whose drug and other issues require long-term treatment. As another example, some birth parents have serious mental health issues, are experiencing numerous effects of extreme poverty and may be homeless, are long-term victims of domestic violence, or have other problems that are not able to be readily addressed.

As the child welfare system becomes more effective and efficient in working with the families in the first category (those who are able to respond relatively quickly to services), over time the number of these families in the system decreases. At the same time, as society continues to experience increases in serious drug use, shortages in mental health and substance abuse treatment programs, and other pressures on families, the number of families in the second category increases. Thus, the overall CWS caseload shifts, having a greater percentage of families and children at the high end of the scale – those with greater needs and who have more difficulty achieving successful outcomes.

*"The families we work with now have deeper, more challenging problems. We've moved the simpler cases out, or didn't bring them into the system in the first place."* - CWS Staff

*"Our families are moving to the more extreme end. They are products of a society where drugs, gang violence, and economic hardship come together to produce a lot of stress on the parents."* - CWS Staff

*"Many of our cases involve difficult-to-address problems like poverty and generational recurrence of abuse."* - CWS Staff

### 2. The pilot strategies require more time be spent working with families, particularly those with greater needs.

It takes time to assess a family thoroughly, conduct Team Decision-making Meetings involving multiple family members and agencies, identify and recruit distant relatives, build collaborative relationships with community service providers, build permanent connections between foster youth and caring adults, and support youth as they transition to independent adulthood. This is particularly true of families with the greatest needs, and youth who have been in the foster care system for many years. To achieve success, the pilot strategies require that CWS staff and community partners spend the necessary time and resources working with the youth and families they serve.

*"Coordination between social workers and Family Resource Centers to complete joint assessments takes a lot more time than just the social worker investigating allegations."* - CWS Staff

*"The Team Decision-making Meeting process, which includes parents, families, care givers and community members, is a much better means of meeting children's needs. It does, however, require a lot more time to coordinate, conduct, and follow up on recommendations from the meetings than without this process."* - CWS Staff

### 3. The pilot strategies require additional resources at the outset. However, some are likely to increase both the efficiency and cost-effectiveness of the child welfare system over time.

The pilot strategies require an investment of resources as staff make changes in procedures, roles, and attitudes that are fundamental and complex. Also, as noted in the previous challenge, some of the strategies require staff to spend additional time. However, over time the strategies have the

potential to improve the efficiency and cost-effectiveness of the child welfare services system and the provision of services. For example, as described above, the pilot counties have reduced the number of children in the foster care system. The use of the tools to assess safety and risk support child safety for those that remain at home, and ensures that those who are removed are truly at risk. Also, over time the preventative effect of strategies such as Differential Response can be expected to reduce the number of children who must be removed from their homes. Programs such as family finding result in children exiting the system, including children who have been long-term residents in group homes, which is the most costly placement.

*"It's the added coordination piece that has shifted the workload. There are so many meetings now I can't remember what we used to do. There is so much coordinating so that all the resources are there. Logistically it's been a shift. The workload has broadened. Even going from North to South we brought on four zip codes and we aren't even fully educated about all the service providers there."*

- CWS Staff

*"It was a little more work up front, but then it pays off because maintaining the family and getting the child back home and out of the system is easier. Also at the end of the case social workers like to have the CBOs to keep working with the family."*

- CWS Staff

#### **4. Current funding structures often do not fit well with the pilot strategies, or with the needs of today's families.**

Funding streams such as Title IV-E are tied to the removal and maintenance of children in out-of-home care. This creates an enormous challenge for counties in implementing, developing, and sustaining Differential Response and other programs that incorporate prevention and early-intervention services. Current federal funding restrictions require the state and counties to rely heavily on State General Fund and county funds to achieve federal outcomes for improved child safety, timely permanence and prevention of unnecessary use of out-of-home care.

*"Funding has to fit what they're asking us to do. To keep it in the same structure it was in when we were doing investigative work does not fit. You're better off funding-wise to respond to that referral and open a case, but philosophy-wise you're better off referring it out."*

- CWS Staff

*"Community Partners don't have the sophistication to get the dollars when they become available, or the infrastructure to access grants. A little grant would be a big incentive. We have a heck of a time locating a funding stream to support them."*

- CWS Staff

*"Prevention services are the hardest for the legislature to fund. And the flip side of that is aftercare. There's not enough support for families and children end up at risk again."*

- CWS Staff

#### **5. Staff report that resources in the community are not adequate to meet the level of need.**

As CWS staff implemented Differential Response and sought community-based organizations to provide services, they sometimes discovered that some services simply did not exist in their community. In some instances services existed, but not at the level necessary to meet the need. Services noted as the most lacking were mental health, bilingual services, housing, and transportation.

*"Some times services are not available at all, or there are long waiting lists."*

- CWS Staff

*"We're short on bilingual therapists. We're short on bilingual everything. We need shelters, real drug and alcohol counseling. The reality is our demographics are changing and we have an increase in our Hispanic population. We can't keep doing this three way thing with the translators because things get lost."*

- CWS Staff

*"We're lacking domestic violence services, especially bilingual. We need more homeless shelters, there's a waiting list. We are also sorely lacking in psychiatrists."*

- CWS Staff



**6. Some counties are struggling to build relationships with other agencies and community-based organizations.**

As mentioned above, successful implementation of the pilot strategies requires that CWS in each county build collaborative relationships with outside agencies and organizations. While some counties have largely surpassed the barriers inherent in this process, others are still struggling. The most frequently cited issues are lack of funding to support the partnerships, the fundamental shift in thinking required by both CWS and community organization staff, historically strained relationships, and bureaucratic barriers.

*"We haven't identified all of the services within our area, and we can't afford all of them."* - CWS Staff

*"We are not involved in the initial joint response. We haven't had a lot of buy-in, so it seems like the process hasn't changed. They're not really having CWS back out of scene and allowing service providers in there."* - Community Service Provider

*"We haven't received the referrals we expected from CWS because their line staff don't trust the abilities of Family Resource Center workers."* - Community Service Provider

*"Would like to see more informal grass roots partners who are embedded in the community like the woman who takes care of all of the kids after school, etc."* - CWS Staff

*"We do have community agencies that would like to be a resource. We have this whole pool of people willing to help but with no ability to connect them [due to confidentiality restrictions]."* - CWS Staff

**7. Some social workers find Standardized Safety Assessment tools cumbersome and difficult to incorporate, particularly in the "back end" of a case.**

Workers felt Standardized Safety Assessment tools needed to be better integrated into existing work processes to reduce redundancy and its corollary workload. Compounding this frustration is the underlying belief held by some social workers that they already know how to assess, based on their training and experience. Additionally, staff in intake and investigations had a higher level of appreciation for Standardized Safety Assessment than did those working the back-end of a case where the initial safety and risk determinations have been completed (some felt that re-assessing late in the life of a case can be of limited value).

*"As a Family Maintenance worker we do a Structured Decision Making [tool] anytime something happens in our caseload. It's very repetitious and time consuming."* - CWS Staff

*"You're making a decision over a course of time. You don't do it all at one time with a tool. You're not going to disregard what happens as you get to know the family – you're sometimes trying to quantify what is unquantifiable."* - CWS Staff

*"It takes more time; you have to re-type. When inputting, it's hard to read and requires extra clicks. It takes forever to save. It doesn't populate for more than one kid from each family. In Differential Response you're asking the history and it's already in the ER document."* - CWS Staff

## LESSONS LEARNED

Each county's pilot strategy implementation process was unique in many ways, given the differing characteristics of each county, each CWS agency, the available resources, and the degree to which relationships had or had not already been forged with community partners. Despite these differences, staff in the 11 counties cited the following lessons learned in the course of implementing the strategies.

### 1. Shadowing and peer reviews of Team Decision-making Meetings are important for staff to learn initially, and for continuous improvement.

Most but not all social workers and TDM facilitators indicated they felt prepared for their first Team Decision-making Meeting. Some expressed a desire to shadow more experienced facilitators before conducting a meeting on their own (a practice used in some pilot counties). Many also expressed a desire for extended training through the shadowing of others' TDMs, as well as on-going development through peer feedback. While at least one of the pilot counties has been able to contract with an outside specialist to review and improve the skills of TDM facilitators, social workers indicated that other social workers could also be valuable resources to improve TDM practice.

*"To visit each other's TDMs for feedback would be helpful."*

- CWS Staff

*"A key missing piece [of the initial training] was how Social Workers and facilitators work together – how we manage the meeting, the nitty gritty details, as opposed to the larger concepts. I would like SW's to shadow and attend TDMs before actually facilitating one."*

- CWS Staff

### 2. Holding off-site Team Decision-making Meetings can increase attendance of key participants.

Many of the pilot counties experimented with holding off-site TDMs with positive results. Not only did the alternative locations allow for increased participation of key decision-makers, the meetings were better received as participants often felt more comfortable meeting in non-CWS facilities. Some of the alternative locations utilized were Family Resource Centers, hospitals, jails, and tribal headquarters.

*"I think it's worked out really well in jail. I don't think it's fair not to include the parents just because they're in jail. We just have to coordinate having a guard present."*

- CWS Staff

*"The move to having some TDMs in hospitals helped medical staff to be there."*

- CWS Staff

*"We try to do them at the tribal site. We have 8 active recognized tribes. They have said that they are happy that we are finally doing it right/their way."*

- CWS Staff

*"One client I had did not want to come to the office, so having it in the community was a great relief for her."*

- CWS Staff

### 3. Dedicated Team Decision-making Meeting schedulers can increase the efficiency of the process and relieve social workers of hours of time spent coordinating.

In counties with the resources to hire a dedicated TDM scheduler, social workers reported appreciating the help with what many regard as the hefty amount of coordination required to schedule each TDM. The presence of a scheduler streamlined the process, helped keep it organized, and, in cases where the scheduler was also a good communicator, answered questions that arose from the families who would be attending.

*"Our scheduler is contracted from outside the agency. It takes on average working 6-12 hours per case to schedule. Our contractors do a lot of work. They schedule locations based on specific needs."*

- CWS Staff

*"We have a scheduler help us. There's a form you fill out and the social worker puts who needs to be invited. That works very well because she's very good. She explains what a TDM is to the family and uses a lot of interpersonal communication when she schedules."*

- CWS Staff

#### **4. It may be helpful to assign workers to geographic areas.**

Several counties and community-based organizations learned to manage workload and respond to families more efficiently through assigning workers to specific geographic regions. Especially in large and rural counties, staying within a region meant workers did not have to spend as much time traveling and were able to develop deeper connections to families and agencies in that region.

*"Being placed in geographical areas made it easier and cut down on our driving. We know who our partners are in our area and we build relationships with them. They know their community."*

- CWS Staff

#### **5. It is beneficial to involve community partners in the earliest planning efforts.**

Involving partners at the inception of a process creates a better likelihood of buy-in and makes for smoother coordination and relationships between all involved. In one county, early involvement meant CWS staff and their community partners studied the basics of collaboration (for example, understanding the stages of group development) to build a foundation for their ensuing process. Furthermore, all potential Differential Response partners were involved in training and development activities.

*"Before we launched the pilot, we mapped the process and developed the tools that we needed. Family Resource Centers met and mapped their processes and changes, and we all identified the changes that we would make."*

- CWS Staff

#### **6. New skills can be lost if not used shortly after training, or without refresher trainings.**

Those counties that were able to quickly apply new learning reported this as a component of smooth implementation, while those that were not reported more difficulty putting the tools to use. Additionally, many who received refresher trainings found them supportive. Others pointed out the need for on-going support as staff learned to implement changes.

*"We received the initial training and then we didn't utilize it. It was like, 'that was five years ago.'"*

- CWS Staff

#### **7. Mandating procedures is more effective if supervisors and upper management actively support them.**

While many participants expressed resentment when the use of new systems and procedures are mandated, many also spoke directly or off-handedly about how Standardized Safety Assessment utilization jumped when its use became mandated. Coupled with the mandate, workers felt encouraged to use the tools when supervisors and upper management explicitly supported its use. Similar points were made about supporting Team Decision-making Meetings.

*"If you want people to get on board with using the tools or really want every worker to push hard to hold TDMs and get everyone there, the best way may be to mandate it. But you have to be careful about the initial resistance – point out how advantageous it will be to the family, the social worker, everybody, and then provide your workers the support they need to do all of this and still do their day to day work with their families."*

- CWS Staff

*"The director said, 'If you have a fatality or bad outcome on one of your cases and SDM supports your decision, we will stand behind you.' That was a great incentive for people to use it."*

- CWS Staff

**8. Expect “two steps forward, one step back” while forging collaborations, and commit to staying the course.**

As with most successful change efforts, the pilot strategy implementation processes hit barriers along the way. Expecting some setbacks, having patience at those times, and moving ahead undeterred was necessary in bringing projects to fruition.

*“It’s a long, slow process. There are a lot of stops- halts- fall back.”*

- CWS Staff

*“It hasn’t been easy. Things can be difficult. We do talk about it though and come up with solutions. That’s the way that you move forward with a collaborative.”*

- CWS Staff

*“You need patience to allow the process to occur. It only happened because individuals worked at many different tables to figure out how to do it.”*

- CWS Staff

## RECOMMENDATIONS

The fundamental nature of Child Welfare Services is changing. It is important that the state and counties acknowledge these shifts and focus their efforts to continue making progress in this dynamic environment. Some of the key factors influencing these fundamental changes are the following, which are described in greater detail earlier in this report:

- Throughout California, CWS is applying innovative approaches, including the pilot strategies that are the focus of this evaluation.
- New and better tools are becoming available over time, including computer systems, more sophisticated data analysis tools, technological advances such as handheld devices that send and receive email, and so forth.
- Families who are referred to CWS increasingly have serious issues that are more difficult to overcome. This phenomenon is exacerbated by a variety of societal factors (for example, a rapid increase in the use of methamphetamines and other highly addictive drugs, and a shortage of community mental health services).

The following recommendations suggest ways to further evolve the pilot strategies in California and increase the positive changes experienced by children and families.

### **1. The pilot strategies have improved child safety, permanency, and well-being, and their implementation should be expanded within the pilot counties.**

Some of the pilot strategies are not yet fully implemented within all 11 pilot counties. Expanding implementation of the pilot strategies within the pilot counties would benefit more children and families. Also, it would also allow evaluations such as this one to better assess the full potential for improved outcomes when the strategies are fully implemented and are affecting the entire county. The following are two high priority areas for expansion.

*Expand Differential Response countywide.* In some of the 11 pilot counties, Differential Response has been fully implemented only in a part of the counties' geographic area. Given the results being achieved and the overwhelmingly positive feedback from staff, parents, and other stakeholders, expanding implementation countywide should be a priority. This may require additional resources not only within county CWS organizations, but additional funding for community service providers.

*Expand the capacity to conduct Team Decision-making Meetings.* During the evaluation team's site visits, the pilot strategy that received the most positive comments and rating scores was Family to Family's Team Decision-making Meetings.<sup>32</sup> Numerous stories were told about how these meetings, which involve the family and their key resource people in problem solving and case planning, empowered the family and gave them the support to turn their situation around. However, setting up and conducting these meetings is time consuming. They also require that county staff go through a training process, build a high level of facilitation skills, and change their concept of their role in relationship to the family and other service providers. The state and counties should expand the number of trained TDM facilitators, provide the needed the facilities and scheduling resources, and make time available for county workers to participate in these meetings.

### **2. Expand implementation of the pilot strategies statewide.**

The pilot counties have achieved positive results by applying all three of the pilot strategies, as well as the philosophy behind the pilot project, in a systematic, coordinated, and comprehensive manner. This requires a fundamental change in how CWS conducts business, including staff roles and attitudes. For example, it requires a major adjustment in how staff view families and community partners.

While some non-pilot counties are implementing one or more of the pilot strategies, it is important to systematically implement the pilot philosophy and all three pilot strategies statewide. Doing so can achieve more fundamental change in the way CWS operates, how communities and other organizations relate to CWS, and the ability of CWS to achieve better outcomes for children and families. It can also increase the ability of the state and counties to provide technical assistance, develop best practices, and collect data to support ongoing system improvement.

It is important to keep in mind that statewide implementation will require commitment of resources to support prevention and early intervention approaches that are not necessarily supported by traditional CWS funding mechanisms. Also, to successfully apply the strategies statewide will require commitment at both the state and county level to advanced planning, coordinated roll-out, staff training, and change management.

### **3. Consider all possible avenues to provide more flexible and appropriate funding for CWS.**

Child welfare funding is geared to traditional modes of service delivery. The pilot strategies fundamentally change the way services are conceived and delivered. Thus, funding needs to be provided with greater flexibility for the strategies to achieve their full potential. For example, as noted in Challenge #4 above, funding streams such as Title IV-E are tied to the removal of children and placement in out-of-home care. The pilot strategies emphasize prevention, early intervention, and family support services – and thus rely heavily on state and county general funds. One way to potentially increase funding flexibility would be for all states, including California, to advocate for increased flexibility in the use of federal funding. This would allow these funds to be used more effectively to achieve the outcomes set forth by the federal government.

### **4. Continue to refine the pilot strategies.**

*Emphasize Family Finding early in the child welfare process and in long-term foster care cases.* Studies have shown that family finding efforts pay great dividends for children, families, and the child welfare system.<sup>33</sup> When the pilot counties conduct family finding at the beginning of the process, children who are being removed from their homes can often be placed with relatives who otherwise would not have gotten involved in helping the family address its situation. For children already in the system, family finding can often result in moving the child out of foster care into a permanent home. Surprising results have even been achieved for children languishing for years in group home placements – in some cases being adopted by “found” relatives who had not been aware of their situation or of how they could help, and in some cases being re-united with birth parents who had, after a long period of time, addressed their problems but had not known that they could get their children back. The result is often a much better outcome for the child or youth, as well as cost savings for the child welfare system. The state should expand its support for family finding programs, including identifying and promoting best practices for implementation of family finding at key points in the child welfare process.

*Streamline the Standardized Safety Assessment process.* Most county workers report that Standardized Safety Assessment is an important step forward that has made a significant contribution to their work. However, they also point out that it is not fully integrated into CWS/CMS and other data systems, and thus it requires that time be devoted to completing forms that could otherwise be spent working with families. Currently there are multi-county meetings to continuously improve the implementation of both Structured Decision Making and the Comprehensive Assessment Tool. Nonetheless, the state and counties need to redouble their efforts, investing the time and resources necessary to improve automation of tasks, streamline the automated and non-automated processes related to Standardized Safety Assessment, and reduce staff time devoted to processing information.



Support counties in recruiting and working with community service providers. There is often an inherent difference between government agencies and community service providers. Government typically devotes more time to developing “bureaucratic” systems to protect its clients, its staff, and itself. On the other hand, nonprofit organizations typically run “lean” operations that squeeze the maximum amount of services out of every dollar in their budget. When synergy occurs, families and communities benefit from the best of both worlds. But traditionally the child welfare system has not placed great emphasis on achieving this synergy. The pilot strategies, particularly Differential Response, require that counties build trusting, efficient relationships with community service providers. There is potential benefit for both the state and the counties from a well-coordinated effort to identify and address barriers to building synergistic relationships, and a systematic process to share best practices across counties.

License foster parents as adoptive homes when possible. Rather than licensing a family as a foster home then re-licensing them if they choose to adopt, a process known as “melding” initially licenses foster parents at the level of an adoptive home. This is an effective permanency strategy, given the significant number of children who ultimately are adopted by their foster parents.

**5. To achieve the full potential of the pilot strategies, provide effective training and apply “change management” practices.**

Having worked extensively with state and county agencies for the past 20 years, the evaluation team has recently noticed two phenomena that are placing increased pressure on child welfare staff and management. The first is the need to serve larger numbers of families that have more significant problems, as noted above. The second is a wave of staff retirements, resulting in a loss of experienced people and, given the difficulty in finding qualified replacements, positions that often remain vacant for long periods.

The pilot strategies are being implemented within this context. To be successful, these strategies require staff to make changes in procedures, roles, and attitudes that are fundamental and difficult. Thus, making this change requires that leaders be very effective in managing change. Leaders at the state level (e.g., CDSS and the legislature) and the county level (e.g., CWS managers and Boards of Supervisors) will be wise to apply effective change management practices:

- Inform staff in advance why changes are being made and how changes will be implemented.
- Provide training before new procedures are implemented.
- Set clear and reasonable expectations regarding how rapidly changes will be implemented.
- Support workers through the change process, as they struggle to manage more difficult family situations at the same time as they are reinventing how they do the work.
- Understand that significant improvement in outcomes can only be expected after new approaches have been implemented, refined, and in place for a period of time.

**6. Enhance data collection in order to better evaluate long-term outcomes.**

The state’s child welfare system, along with academic and research institutions, has developed fairly sophisticated data collection and analysis systems. However, it would be desirable for the state and counties to collect additional data that is specific to the pilot strategies. For example, new systems may be required to accurately track families who receive services from community agencies as part of the Differential Response strategy. Also, additional tracking systems may be needed to assess the long-term impact of the preventative effects of the pilot strategies.

## APPENDIX A: ACKNOWLEDGEMENTS

The Results Group gratefully acknowledges the contributions of the following people to this evaluation process and the production of this report.

Janet Angell worked diligently for many months seeking out data from the state, pilot counties, and other sources, compiling a mountain of statistical information, producing oceans of spreadsheets, and in general creating a whole data ecosystem to support this project.

Rochelle Sherlock, M.A., contributed her expertise in the child welfare system, her ability to make sense out of a wide range of information, and her propensity for taking setbacks philosophically. Her insights contributed immeasurably to this project, and without her hard work, it could not have been completed successfully and on time.

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Kim Thomas provided her perspective as the leader of a community-based organization that has a long history of partnering to achieve better outcomes for children and youth. She also contributed her individual expertise as someone who for decades has been a tireless advocate for children and for reform of the child welfare system.



## APPENDIX B: MAP OF THE 11 PILOT COUNTIES

Eleven California counties are participants in the ongoing pilot project that is the subject of this evaluation. Those counties are shown on the map below:



## APPENDIX C: CHRONOLOGY OF CHILD WELFARE SERVICES

### 1800's

#### **1853 CHILDREN'S AID SOCIETY OF NEW YORK**

Charles Loring Brace founded the Children's Aid Society in an effort to remove abandoned, homeless and neglected children from the streets of New York and place them with farm families. This began what is now known as the Orphan Train movement, which was in essence the first foster care system. Between 1853 and 1929, more than 120,000 abandoned, abused and orphaned children were moved and placed with families on farms across the country.

#### **1875 THE SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN**

Modeled after the Society for the Prevention of Cruelty to Animals, this Society was formed to protect the rights of children. Along with similar groups, the Society campaigned for a series of legal reforms that resulted in a child neglect statute that granted to states the right to assume custody of children. As a result of these efforts, a separate court system for children was created.

### Early 1900's

#### **1909 WHITE HOUSE CONFERENCE ON THE CARE OF DEPENDENT CHILDREN**

This conference, the first of its kind in the United States, focused attention on child welfare issues and laid the groundwork for establishing a federal infrastructure to address them.

#### **1912 UNITED STATES CHILDREN'S BUREAU**

President Taft created the Children's Bureau to investigate and report "upon all matters pertaining to the welfare of children and child life among all classes of our people."

#### **1935 UNITED STATES SOCIAL SECURITY ACT TITLE IV-B AND V**

Title IV-B provided for Aid to Dependent Children, and Title V enabled the U.S. Children's Bureau to cooperate with state public-welfare agencies. These provisions established the Child Welfare Services Program for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent.

### 1960's

#### **1961 UNITED STATES SOCIAL SECURITY ACT, TITLE IV-A**

This amendment to Title IV provided federal funding to assist foster parents in covering expenses related to children's food, shelter, clothing, supervision, and travel. The benefit was available to children eligible for cash assistance and who lived in foster care,

#### **1963 CALIFORNIA CHILD ABUSE REPORTING LAW**

This legislation required that Physicians reported suspected child abuse and neglect to authorities. The law has changed considerably over the years and the list of professionals who are considered mandated reporters has expanded.

## 1970's

### **1974 CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**

This legislation provided federal funding to States in support of prevention, assessment, investigation, prosecution, and treatment activities. It also provided grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA identified the federal role in supporting research, evaluation, technical assistance, and data collection activities; established the Office on Child Abuse and Neglect; and mandated the Child Welfare Information Gateway. It also set forth a minimum definition of child abuse and neglect and determined when juvenile and family courts could take custody of a child. CAPTA was amended several times, most recently in 2003 with the adoption of the Keeping Children and Families Safe Act.

### **1975 SOCIAL SECURITY ACT, TITLE XX**

This block grant provided funds for state social services to low-income individuals. A proportion of those funds paid for services related to child protection, including prevention, treatment programs, and foster care and adoption services.

### **1978 INDIAN CHILD WELFARE ACT (ICWA)**

This legislation strengthened the role played by tribal governments in determining the custody of Indian children, and specified that preference should be given to placements with extended family, then to Indian foster homes. The law also authorized grants to allow tribes and Indian organizations to deliver preventive services.

## 1980's

### **1980 ADOPTION ASSISTANCE AND CHILD WELFARE ACT**

This law required states to make "reasonable efforts" to prevent children from entering foster care, and to return children who are in foster care to their families. It created a categorical funding stream for out-of-home care, and established a preference to maintain and reunify families. The development of family preservation programs was one outcome of this act.

### **1982 CALIFORNIA SENATE BILL 14**

This legislation required the state, through the Department of Social Services and county welfare departments, to establish and support a public system of statewide Child Welfare Services. Each county welfare department was required to maintain four specialized components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement.

### **1986 INDEPENDENT LIVING PROGRAM ACT (ILPA)**

Congress authorized the Independent Living Program out of concern that adolescents who were aging out of the foster care system were inadequately prepared to live on their own. ILPA provided funding for states to help older foster youth make the transition from foster care to independence.

### **1988 CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) AMENDED**

This amendment established a national data system that collected and analyzed information reported by the states regarding child abuse and neglect.

**1989 CALIFORNIA SENATE BILL 370 – CHILD WELFARE SERVICES CASE MANAGEMENT SYSTEM**

This legislation authorized the development and implementation of Child Welfare Services Case Management System, known as CWS/CMS. This statewide on-line computer database system tracks individual CWS cases throughout the life of the case and allows for the analysis of statewide child welfare data.

**1990's****1991 CALIFORNIA ASSEMBLY BILL 948**

This legislation increased the county share of cost for foster care and child welfare services as a means to increase fiscal incentives to avoid or limit expensive foster care placements.

**1993 THE FAMILY PRESERVATION AND SUPPORT INITIATIVE**

This law provided time-limited, flexible funds to the states for family preservation and support planning and services. The aim was to help communities build a system of family support services to assist vulnerable children and families prior to maltreatment. Family preservation services were funded to help families suffering crises that may lead to the placement of their children in foster care.

**1993 OMNIBUS BUDGET RECONCILIATION ACT, TITLE XIII, SECTION 13713**

This act enabled states to obtain enhanced funding through the Title IV-E program of the Social Security Act to plan, design, develop, and implement a Statewide Automated Child Welfare Information System (SACWIS).

**1994 CALIFORNIA ASSEMBLY BILL 3364**

This law established the California Family Preservation and Family Support Program consistent with federal requirements.

**1996 CALIFORNIA KINSHIP CARE POLICY SUMMIT**

The California Department of Social Services and the County Welfare Directors Association sponsored this policy summit, which resulted in the development of a multi-agency workplan including policy and practice reforms. The reforms were designed to improve services and support for children in foster care placed with relatives.

**1997 THE ADOPTION AND SAFE FAMILIES ACT (AFSA)**

AFSA reauthorized and increased funding for the Family Preservation and Support initiative and changed its name to Promoting Safe and Stable Families (PSSF). PSSF was designed to promote adoption and ensure safety for children in foster care. The law established that a child's health and safety must be of paramount concern in any efforts made by the state to preserve or reunify the child's family. The law retained but clarified the requirement that States make "reasonable efforts" to preserve or reunify a child's family, establishing exceptions to this requirement. Also to promote safety, AFSA required States to conduct criminal background checks for all prospective foster or adoptive parents, and required States to develop standards to ensure quality services that protect children's health and safety while in foster care. Further provisions were intended to eliminate inter-jurisdictional barriers to adoption. The law also revised the list of permanency goals, eliminating specific reference to long-term foster care, and required that foster parents, pre-adoptive parents, and relative care givers be given notice and opportunity to be heard at reviews and hearings.

**1997 CALIFORNIA ASSEMBLY BILL 1193**

This law established the Kinship Support Services Program to provide community-based support for relatives caring for children placed in their homes by the juvenile court or children who are at risk of abuse, neglect or delinquency.

**1998 CALIFORNIA SENATE BILL 163**

SB 163 provided opportunities for counties to participate in a pilot program that provided intensive wraparound services to families and children in, or at risk of, high-level group care to reduce the need for placement.

**1998 CALIFORNIA SENATE BILL 1901**

This legislation established the Kinship Guardianship Assistance Payment Program to provide a subsidy for children placed in legal guardianship with a relative.

**1998 CALIFORNIA SENATE BILL 933**

This law enacted numerous reforms to the group home system and created the Foster Care Ombudsperson program to provide an outlet for foster youth as well as advocates to report and resolve problems and concerns.

**1998 CALIFORNIA ASSEMBLY BILL 2773**

AB 2773 implemented the federal Adoption and Safe Families Act and shortened timeframes for reunification.

**1998 CALIFORNIA SENATE BILL 2030**

This legislation required the California Department of Social Services to evaluate workload and budgeting methodologies to determine funding required for the provision of sufficient child welfare services.

**1998 CALIFORNIA ASSEMBLY BILL 1544**

AB 1544, concurrent planning, required that a case plan be developed for every child entering the CWS system, which must include an alternative to reunification in case reunification is unable to happen (the alternative plans are adoption, guardianship, and emancipation).

**1999 FOSTER CARE INDEPENDENCE ACT (CHAFEE ACT)**

The Foster Care Independence Act provided States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency, and for other purposes. The Act doubled funding for independent living programs, increased the amount of allowable assets for children in foster care, and provided states an option to extend Medicaid coverage to age 21 for adolescents leaving foster care.

## 2000 - Present

### **2000 TITLE IV-E FOSTER CARE ELIGIBILITY REVIEWS AND CHILD AND FAMILY SERVICES STATE PLAN REVIEWS**

An outcomes focus was established for the child and family services reviews, which was intended to promote increased safety for children who are maltreated, quicker movement to permanent homes and families for children in foster care, and enhanced well-being for families who are served by state agencies.

### **2000 CALIFORNIA ASSEMBLY BILL 1740**

The Child Welfare Services Stakeholders Group was established to examine current child welfare programs and propose a redesigned CWS system.

### **2000 CALIFORNIA SENATE BILL 2030 WELFARE WORKLOAD STUDY**

The California Department of Social Services released a Child Welfare Workload Study as required by state law. The study revealed that child welfare social worker workloads were, on average, double what they needed to be to provide the minimum required services.

### **2001 CALIFORNIA CHILD WELFARE SYSTEM IMPROVEMENT AND ACCOUNTABILITY ACT**

California Assembly Bill 636 was enacted to develop, monitor, and improve outcomes for children in the child welfare system.

### **2002 FEDERAL CHILD AND FAMILY SERVICES REVIEW OF CALIFORNIA'S CWS SYSTEM**

The Children's Bureau of the U.S. Department of Health and Human Services conducted their Child and Family Services Review of California's child welfare system.

### **2003 ADOPTION PROMOTION ACT**

This Act reauthorized the adoption incentive program under Title IV-E and provided additional incentives for adoption of older children (age 9 and above) from foster care.

### **2003 - KEEPING CHILDREN AND FAMILIES SAFE ACT**

Public Law 108-36 extended and amended the Child Abuse Prevention and Treatment Act that helped states improve practices in preventing and treating child abuse and neglect. It included a basic state grant program for improving the child protective services (CPS) system infrastructure. It also created a discretionary grant program for research, program demonstrations, training, and other innovative activities. In addition, it included a grant program focused on community-based prevention efforts to develop, operate, and enhance initiatives aimed at the prevention of child abuse and neglect, and to support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect.

### **2003 - THE CALIFORNIA CHILD WELFARE SERVICES STAKEHOLDERS GROUP FINAL REPORT**

The Stakeholders Group published its final report on overhauling California's child welfare system and shifted its efforts toward implementation. The final report is referred to as the Child Welfare Services Redesign.

**2003 FUNDING FOR THE 11 COUNTY PILOT PROJECT**

Fiscal year 2003-04 funds were appropriated to support the planning, development, technical assistance and early implementation of the three pilot strategies in the 11 pilot counties.

**2003 FEDERAL CHILD AND FAMILY SERVICES REVIEW REPORT RELEASED (CFSR)**

According to the federal CFSR, based on information collected from the case reviews and the State Data Profile, California did not achieve significant compliance with any of the safety, permanency, and well-being outcomes.

**2004 CALIFORNIA'S CHILD WELFARE SYSTEM IMPROVEMENT AND ACCOUNTABILITY ACT IMPLEMENTED**

On January 1 2004, the California's Child Welfare System Improvement and Accountability Act went into effect. It implemented the four components of the California Child and Family Services Review (C-CFSR) system: quantitative quarterly reports, qualitative case reviews, county self-assessments, and the development of county system improvement plans.

**2006 CHILD AND FAMILY SERVICES IMPROVEMENT ACT**

This legislation reauthorized the Promoting Safe and Stable Families (PSSF) program through fiscal year 2011, and increased the set-asides for Indian tribes. The Act reserved funds for states to develop activities designed to improve caseworker retention, recruitment, training, and ability to access the benefits of technology, as well as to support monthly caseworker visits to children in foster care.

**2007 STANDARDIZED SAFETY ASSESSMENTS CONDUCTED IN ALL CALIFORNIA COUNTIES**

As of June 30, 2007, all California counties had implemented a standardized safety assessment approach.



## APPENDIX D: NOTES TO THE TEXT

- <sup>1</sup> Family Support Services Outcomes 7/1/2000 – 6/30/2005, Children’s Network presentation to Solano First 5 Commission, January 10, 2006.
- <sup>2</sup> The Children’s Aid Society, “History,” August 9, 2007, <<http://www.childrensaidsociety.org/about/history>>
- <sup>3</sup> Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. Assessing the long-term effects of foster care: A research synthesis, CWLA Press: Washington DC, 1996.
- <sup>4</sup> Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. Assessing the long-term effects of foster care: A research synthesis, CWLA Press: Washington DC, 1996.
- <sup>5</sup> Dorothy Bradberry, “Four Decades of Action for Children, A Short History of the Children’s Bureau,” August 9, 2007. <<http://www.ssa.gov/history/pdf/child1.pdf>>
- <sup>6</sup> Patrick Curtis, “Introduction: The Chronic Nature of the Foster Care Crises,” The Foster Care Crises: Translating Research into Policy and Practice ed. Patrick Curtis, Grady Dale Jr. and Joshua Kendall . Nebraska: CWLA, 1999.
- <sup>7</sup> Peter Pecora, Ronald Kessler, Jason Williams, Kirk O'Brien, Chris Downs, Diana English, James White, Eva Hiripi, Catherine White, Tamera Wiggins, and Kate Holmes, “Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study,” August 9, 2007. <<http://www.casey.org>>
- <sup>8</sup> “Youth After Foster Care: Housing and Homelessness,” August 9, 2007. <<http://www.cwla.org/programs/fostercare/factsheetafter.htm>>
- <sup>9</sup> Child Welfare in California: Facts at a Glance,” July 5, 2007. <<http://www.cwsredesign.ca.gov/res/pdf/facts.pdf>>
- <sup>10</sup> Thomas McDonald, Reva Allen, Alex Westerfelt, and Irving Piliavin. Assessing the long-term effects of foster care: A research synthesis, CWLA Press: Washington DC, 1996.
- <sup>11</sup> “Child Welfare Reform: Will Recent Changes Make at-Risk Children Safer?,” CQ Researcher 2005, 15:345-368, September 4, 2007. <[www.thecqresearcher.com](http://www.thecqresearcher.com)>
- <sup>12</sup> House of Ways and Means, Green Book, August 2007. <<http://waysandmeans.house.gov/media/pdf/greenbook2003/Section11.pdf>>
- <sup>13</sup> Patricia Schene “Past, Present, and Future of Child Protective Services”, The Future of Children: Protecting Children from Abuse and Neglect 1998, 8: 23-38, October 15, 2007.
- <sup>14</sup> “Child Welfare: Poverty and Families in Crises,” The State of America’s Children 2005, The Children’s Defense Fund, October 15, 2007.
- <sup>15</sup> “CWS Redesign: The Future of California’s Child Welfare Services Final Report,” CWS Stakeholder Group 2003, May 20, 2007. <<http://www.cwsredesign.ca.gov>>
- <sup>16</sup> “CWS Redesign: The Future of California’s Child Welfare Services Final Report,” CWS Stakeholder Group 2003, May 20, 2007. <<http://www.cwsredesign.ca.gov>>
- <sup>17</sup> “What ‘Outcomes’ Mean For Children And Families,” May 20, 2007. <<http://www.cdss.ca.gov/cdssweb/res/pdf/Outcomes.pdf>>
- <sup>18</sup> Lisa Merkel-Holguin, Caren Kaplan, and Alina Kwak, “National Study on Differential Response in Child Welfare,” 2006, American Humane Association and Child Welfare League of America, October 15, 2007. <[http://www.americanhumane.org/site/PageServer?pagename=pc\\_initiatives\\_differential](http://www.americanhumane.org/site/PageServer?pagename=pc_initiatives_differential)>
- <sup>19</sup> *What Works Policy Brief: Differential Response Findings*, State of Minnesota evaluation report, Summer 2005.
- <sup>20</sup> As cited on the Family to Family Annie E Casey Website, retrieved Nov 12, 2007. <<http://www.aecf.org/MajorInitiatives/Family%20to%20Family/Results.aspx>>
- <sup>21</sup> *Promising Results, Potential New Directions: International Family Group Decision Making Research and Evaluation*, in Child Welfare, Protecting Children, Volume 18, Numbers 1&2, American Humane Association, 2003.

- <sup>22</sup> As defined on the website adoption.com, retrieved December 15, 2007. < <http://glossary.adoption.com/fictive-kin.html>>
- <sup>23</sup> *Group Home StepUp Project: Moving Up and Out of Congregate Care Final Report*, Alameda County Children and Family Services, with assistance from Casey Family Programs and California Permanency for youth Project, August 2005.
- <sup>24</sup> California Department of Finance, retrieved Nov 22, 2007. <[http://www.dof.ca.gov/HTML/FS\\_DATA/profiles/pf\\_home.php](http://www.dof.ca.gov/HTML/FS_DATA/profiles/pf_home.php)>
- <sup>25</sup> “Children’s Research Center,” November 19, 2007. < [http://www.nccd-crc.org/crc/c\\_sdm\\_about.html](http://www.nccd-crc.org/crc/c_sdm_about.html)>.
- <sup>26</sup> Child and Family Policy Institute of California. 11 County Pilot Implementation Evaluation Initial Assessment Report. July, 2006.
- <sup>27</sup> Adapted from Bryant, M., Price, A., Conley, A., Berrick, J.D., et al., Overview of Differential Response (Table). In *Differential Response and Alternative Response in California*. Berkeley, CA: University of California at Berkeley, California Social Work Education Center, in preparation 2007.
- <sup>28</sup> Family Support Services Outcomes 7/1/2000 – 6/30/2005, Children’s Network presentation to Solano First 5 Commission, January 10, 2006.
- <sup>29</sup> As stated on page 16 of this report: “The quantitative data used to assess these outcomes was drawn from the website of the University of California, Berkeley Center for Social Services Research, Child Welfare Research Center, CWS/CMS Reports.” The website address is: < [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)>.
- <sup>30</sup> See previous footnote.
- <sup>31</sup> “Child Welfare Outcomes 2002: Annual Report to Congress Executive Summary,” July 5, 2007. <<http://www.acf.hhs.gov/programs/cb/pubs/cwo02/chapters/executive2002.htm#noteone#noteone>>
- <sup>32</sup> In focus groups in the pilot counties, the evaluation team utilized a Likert scale rating process to allow staff, other agency representatives, parent partners, and other stakeholders to give a numerical rating to assess the effectiveness of various pilot strategies and activities.
- <sup>33</sup> *Group Home StepUp Project: Moving Up and Out of Congregate Care Final Report*, Alameda County Children and Family Services, with assistance from Casey Family Programs and California Permanency for youth Project, August, 2005.